

**TOWN OF BROOKFIELD**  
**NOTICE OF PUBLIC HEARING**

The legal voters and residents of the Town of Brookfield are hereby notified that the Board of Selectmen will conduct a Public Hearing at the Brookfield Town Hall at 100 Pocono Road, Brookfield, CT, in Meeting Room 133, on **Monday, June 4, 2018, at 6:45 p.m.**, for the purpose of receiving public comment and opinion concerning a proposal submitted by the Regional YMCA of Western CT, 2 Huckleberry Hill Road, Brookfield, CT, requesting Neighborhood Assistance Act funding for their Annual Support Campaign in the amount of \$150,000, as published by the State Department of Revenue Services.

Copies of said application are on file and available for public inspection in the office of the Town Clerk and the Town Website [www.brookfieldct.gov](http://www.brookfieldct.gov).

Dated at Brookfield, CT, this 7<sup>th</sup> day of May, 2018.

Stephen C. Dunn  
Sue Slater  
Harry Shaker  
Brookfield Board of selectmen



# DEPARTMENT OF REVENUE SERVICES

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## Neighborhood Assistance Act Tax Credit Program

The **Connecticut Neighborhood Assistance Act** (NAA) Tax Credit Program is designed to provide funding for municipal and tax exempt organizations by providing a corporation business tax credit for businesses who make cash contributions to these entities.

### [2018 Connecticut Neighborhood Assistance Act Program Proposal Form NAA-01](#)

Businesses can receive a credit of 60% of their approved contribution to certain programs (or 100% in the case of certain energy conservation programs) approved by the Department of Revenue Services. Any tax credit that is not taken in the income year in which the contribution was made may be carried back to the two immediately preceding income years (beginning with the earlier of such years).

The program has several statutory limits, including the following:

- A business is limited to receiving \$150,000 in tax credit annually.
- A non-profit organization is limited to receiving \$150,000 in contributions in the aggregate.
- The minimum contribution on which credit can be granted is \$250.
- The program has a **five** million dollar cap, which, if exceeded, results in proration of approved donations.

For more information on this program see:

- [Information Publication 2015\(13\)](#), *The Connecticut Neighborhood Assistance Act Tax Credit Program*
- and
- The Neighborhood Assistance Act Program tax credit summary in the [Online Guide to Connecticut Business Tax Credits](#).

#### Organizations wishing to participate:

Each municipal agency or tax-exempt organization that wishes to participate in the NAA Program must complete in its entirety [Form NAA-01](#), the program proposal application. This form **must** be submitted to a participating municipality for approval. Contact the municipality for deadline information. Do not send Form NAA-01 directly to the Department of Revenue Services.

A link to a list of Neighborhood Assistance Act Municipal Liaisons from the prior program year can be found below in order to assist you. This list is not all-inclusive. You may still approach any Connecticut municipality. Please note that the municipality must submit all locally approved programs to the DRS no later than July 2, 2018.

#### Businesses wishing to participate:

Each business requesting a tax credit under the Neighborhood Assistance Act Program must complete a separate **Form NAA-02** for each program it wishes to sponsor. The contribution must be cash, and needs to be made in the corporation's income year that corresponds to the same year as the approved program.

Form NAA-02 must be submitted to DRS beginning **September 15 through October 1, 2018**. Businesses may mail or hand deliver their applications. In addition, applications may be submitted electronically by emailing Form NAA-02 to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov). No fax transmittals will be accepted.

E-mail any questions to [DRS.TaxResearch@po.state.ct.us](mailto:DRS.TaxResearch@po.state.ct.us) or contact 860-297-5687 for more information.

## 2018 Application Process

All forms and some DRS publications are in Adobe Acrobat format. You will need **Adobe Acrobat Reader 7.0 or higher** to view and print the forms. For additional assistance or if you are having trouble downloading a form, visit our [Adobe Information](#) page.

[2018 Connecticut Neighborhood Assistance Act Program Proposal - Form NAA-01](#)

[2017 Approved NAA Program Proposals](#)



**TOWN OF BROOKFIELD**

BROOKFIELD, CT 06804

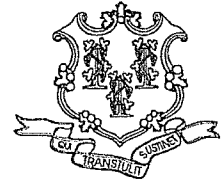
To: Board of Selectmen  
From: Lisa Delp, HR Assistant   
Date: April 16, 2018  
Re: 2018 Neighborhood Assistance Act

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The Town has received one program proposal for the 2018 Neighborhood Assistance Act. The proposal is from the Regional YMCA. The program is for the Annual Support Campaign.

The Board of Selectmen must hold a public hearing on all programs and must vote to approve the programs. The deadline for the Town to submit applications to the Department of Revenue Services is July 2, 2018.

Please let me know if you need any additional information.



Municipality: Brookfield

**Form NAA-01**  
**2018 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: \_\_\_\_\_  
Regional YMCA of Western Connecticut

Address: 2 Huckleberry Hill Road, Brookfield, CT 06804

Federal Employer Identification Number: 06-6051610

Program title: Annual Support Campaign

Name of contact person: Marie Miszewski

Telephone number: (203) 740-3432

Email address: mmiszewski@regionalyymca.org

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

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>Yes</b>, attach a copy of the <b>first page</b> of your most recent return.</p> <p>If <b>No</b>, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
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## 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): Youth Development, Community Health & Wellness Programs

Description of program: \_\_\_\_\_

The Regional YMCA of Western Connecticut is a mission, cause-driven agency serving more than 12,000 individuals throughout the Greater Danbury area. We work closely with community leaders to provide programs and services needed to maintain healthy communities. No family or individual has ever been turned away from our services due to their financial situation. The Regional YMCA of Western Connecticut is open to all, regardless of age, income or background. On average, we provide more than \$500,000 in financial aid each year.

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

The Regional YMCA of Western Connecticut is at the forefront in providing wellness programs for the Greater Danbury communities. We offer programs designed to meet the needs of all our residents: chronic disease prevention, obesity, school readiness, before and after school programs, senior wellness programs, and healthy living programs. One-third of adults in the U.S. are at risk of diabetes, and only 10% are aware of it. Without early intervention, the academic achievement gap between low-income and more affluent children widens every year. The Regional YMCA of Western Connecticut bridges the gap to meet these urgent needs.

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

Bethel, Bridgewater, Brookfield, Danbury, Kent, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, Warren and Washington.

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

The Annual Support Campaign is an ongoing program designed to bridge the gap between the Regional YMCA of Western Connecticut's revenue stream and the funding needed to provide financial aid to our low-income families, continuity of existing programs, the creation of new programs in response to community needs, and the maintenance and purchase of necessary wellness equipment.

**Timetable:**

Program start date: 01/01/2018

Program completion date: 12/31/2018

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>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Membership &amp; Programs</u>	<u>\$2,950,570.00</u>
b) <u>Child Care</u>	<u>\$2,169,629.00</u>
c) <u>Charitable Support</u>	<u>\$770,819.00</u>
d) <u>Camp &amp; ESCAPE Funding</u>	<u>\$796,908.00</u>
<b>Total Funding:</b>	<u>\$6,837,926.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Membership &amp; Programs</u>	<u>\$2,173,999.00</u>
b) <u>Child Care</u>	<u>\$1,692,242.00</u>
c) <u>Facility</u>	<u>\$737,333.00</u>
d) <u>Combined Heat &amp; Energy</u>	<u>\$223,751.00</u>
Administrative expenses - itemized description:	
a) <u>Administration</u>	<u>\$1,864,072.00</u>
b) <u>Fundraising</u>	<u>\$205,133.00</u>
c) _____	_____
d) _____	_____
<b>Total Proposed Expenditures:</b>	<u>\$6,896,530.00</u>

**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:	_____
	<b>HUMAN RESOURCES</b>
	<b>TOWN OF BROOKFIELD</b>
Mailing address:	_____
	<b>PO BOX 5106</b>
	<b>BROOKFIELD, CT 06804</b>
Name of municipal liaison:	<u>Lisa Delp</u>
Telephone number:	<u>(203) 775-7303</u>
Fax number:	<u>(203) 775-4068</u>
Email address:	<u>ldelp@brookfieldct.gov</u>

<b>Post-Project Review</b>	
Is a post-project review required for this proposal?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, date post-project review due:	
_____	
Date	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Header section A-M containing organization name, EIN, address, and tax status.

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: Marie B. Miszewski, Date: 5/30/17, Title: EXECUTIVE DIRECTOR

Preparer information: Nicholas Yanouzas, Whittlesey & Hadley, PC, 280 Trumbull Street, Hartford, CT 06103

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No