



Municipality: Brookfield

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: _____
WestCOG Foundation, Inc.

Address: 1 Riverside Rd, Sandy Hook, CT 06482

Federal Employer Identification Number: 82-3668471

Program title: Regional Open Space Fund

Name of contact person: Francis Pickering, Executive Director

Telephone number: 475__ 323 __ 2060

Email address: fpickering@westcog.org

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

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: _____

WestCOG Foundation, Inc.'s Regional Open Space Fund will support the acquisition, management, and enhancement of protected open space facilities in Western Connecticut. These spaces will be used for conservation and for passive recreation (including natural surface trails). These program will benefit communities in the Region by preserving environmental resources and giving the public more opportunities to interact with, learn from, and recreate in a sustainable and healthy manner. WestCOG Inc.'s board will guide program development, including use of funds, in coordination with local and regional community groups.

Need for program: _____

In comparison with the Connecticut as a state, Western Connecticut has a large and growing population but limited open space holdings, with relatively few opportunities for public access and passive recreation. WestCOG Foundation, Inc.'s Regional Open Space Fund will help address this needs gap through the targeted direction of resources to the expansion, stewardship, and enhancement of public access to open spaces in the region. These efforts will make the region more environmentally sustainable, economically vibrant, and healthier.

Neighborhood area to be served: _____

The program will serve neighborhoods in Western Connecticut, including the following municipalities: Bethel, Bridgewater, Brookfield, Danbury, Greenwich, New Canaan, New Fairfield, New Milford, Newtown, Norwalk, Redding, Ridgefield, Sherman, Stamford, Weston, Westport, and Wilton.

Plan to implement the program: _____

WestCOG Foundation, Inc.'s governing board will establish a Program Committee to oversee implementation of the program. The Program Committee will consist of selected municipal representatives, Foundation staff, and representatives of relevant community groups (environmental and recreational). Financial management of the program will be carried out by WestCOG's finance department. Acquisition and management of land and development of recreation opportunities will be coordinated through Foundation staff and is expected to involve significant volunteer engagement.

Timetable:

Program start date: October 1, 2019

Program completion date: September 30, 2020

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	150,000.00
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
Total Funding:	_____

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Land acquisition (fee simple/conservation easement)</u>	<u>\$92,500.00</u>
b) <u>Enviro. assessment and management plan development</u>	<u>\$25,000.00</u>
c) <u>Equipment (for trail/trailhead facilities)</u>	<u>\$2,500.00</u>
d) <u>Materials and labor</u>	<u>\$20,000.00</u>
Administrative expenses - itemized description:	
a) <u>Legal services</u>	<u>\$3,000.00</u>
b) <u>Project coordination</u>	<u>\$5,000.00</u>
c) <u>Financial management/reporting</u>	<u>\$2,000.00</u>
d) _____	_____
Total Proposed Expenditures:	<u>\$150,000.00</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:	_____
Mailing address:	HUMAN RESOURCES TOWN OF BROOKFIELD PO BOX 5106 BROOKFIELD, CT 06804
Name of municipal liaison:	Lisa Delp
Telephone number:	203 - 775 - 7303
Fax number:	203 - 775 - 4068
Email address:	ldelp@brookfieldct.gov



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