



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: _____
Regional YMCA of Western Connecticut

Address: 2 Huckleberry Hill Road
Brookfield, CT 06804

Federal Employer Identification Number: 06-6051610

Program title: Annual Support Program

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): \$ 50,000.00

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): Youth Development, Community Health and Wellness Programs

Description of program: _____

The Regional YMCA of Western CT is a community service organization committed to building healthy lives through programs that strengthen the spirit, mind, and body for all. In 2020, the Regional Y reached 11,000 residents in the Greater Danbury area by focusing on its core areas of Youth Development, Healthy Living, and Social Responsibility. Our Annual Support Campaign (ASC) is the backbone of our fundraising efforts and provides the Y with the capability to designate funding to the areas of greatest need; such as providing financial assistance for children to attend YMCA Camp Greenknoll and for teens (see attached)

Need for program: _____

The Regional Y provides many different programs from three different facilities throughout Greater Danbury each year. We serve nearly every segment of the population, with programs that include chronic disease prevention, school readiness, before and after school care, full day remote learning support, healthy living programs, youth leadership, senior wellness, and more. The need for these programs has never been greater, especially due to the COVID-19 pandemic and its effects on the Greater Danbury community. Therefore, the support and services that the Y provides are more important than ever as we continue to work (see attached)

Neighborhood area to be served: _____

The Regional YMCA of Western CT services the Greater Danbury area, including the towns of Bethel, Bridgewater, Brookfield, Danbury, Kent, New Fairfield, New Milford, Redding, Ridgefield, Roxbury, Sherman, Warren, and Washington.

Plan to implement the program: _____

The ASC is an ongoing fundraising initiative that runs throughout the fiscal year. Two formal fundraising appeals are coordinated in the Spring and Fall. In addition to these coordinated appeals, our staff and volunteers continue to spread the Y's message and mission throughout the community in an effort to encourage new ASC donors, while working to elevate our current donor base.

(Description of program cont.)

from immigrant and low-income households to participate in youth development programs that build the foundation for a bright and prosperous future, as well as teaching adults the value of incorporating healthy nutrition and physical activity into their daily lives. Annual Support dollars allow the Y's Board of Directors and leadership team to make strategic decisions as to growth and expansion and to fund areas with the greatest need. It also allows for the flexibility to hire exceptional staff, build and maintain facilities, offer health and wellness programs, fund necessary scholarships and financial assistance (we provided over \$172,000 in 2020), build robust health and wellness and chronic disease prevention programs, and continue to meet the diverse needs of the community.

(Need for program, cont.)

to prevent the widening of health and educational disparities while rebuilding and strengthening the community. Connecticut has one of the largest academic achievement gaps in the country between low-income students and their more affluent peers. Our Summer Camp, School Age, Preschool, and Youth Development programs work to provide meaningful out of school time enrichment opportunities and experiences that work to close this gap. Due to the disruptions, hardships, and academic loss caused by the COVID-19 pandemic, these programs are more important than ever. Additionally, families in Greater Danbury need affordable childcare that will keep their children safe, engaged, and on track academically both during the school year and throughout the summer. A current need in the communities we serve is for full day childcare that accommodates distance learning, so that parents can return to work while students are able to receive meaningful academic support and guidance in a safe, clean, and nurturing environment. Before the pandemic we knew that 50% of Danbury residents are Asset Limited, Income Constrained, and Employed (ALICE), and are thus living paycheck to paycheck. Food pantry attendance has tripled since March 2020 as people were furloughed from work. Therefore, the needs of families in Greater Danbury existed before the COVID-19 pandemic impacted our community and we expect that the need will continue. The need for affordable programming, that the Regional Y is able to provide through the support of its ASC to families in need is critical. The Regional Y has also been able to adapt its healthy living and chronic disease prevention programs to a virtual format, so participants are able to stay safe while still continuing on the road to better health.

Timetable:

Program start date: 01/01/2021

Program completion date: 12/31/2021

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>\$50,000.00</u>
Other funding sources - itemized sources:	
a) <u>Membership and Programs</u>	<u>2,582,650</u>
b) <u>Child Care</u>	<u>1,545,318</u>
c) <u>Charitable Support</u>	<u>329,448</u>
d) <u>Camp</u>	<u>733,077</u>
Total Funding:	<u>5,240,493</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Memberships and Programs</u>	<u>1,766,593</u>
b) <u>Child Care</u>	<u>1,176,326</u>
c) <u>Facility</u>	<u>691,588</u>
d) <u>Combined Heat & Energy</u>	<u>274,760</u>
Administrative expenses - itemized description:	
a) <u>Administration</u>	<u>1,304,689</u>
b) <u>Fundraising</u>	<u>81,580</u>
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>5,295,536</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:	_____
	HUMAN RESOURCES
	TOWN OF BROOKFIELD
Mailing address:	PO BOX 5106
	BROOKFIELD, CT 06804
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>

<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>

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **REGIONAL YMCA OF WESTERN CONNECTICUT, INC.**
 Doing business as: **REGIONAL YMCA**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2 HUCKLEBERRY HILL ROAD**
 City or town, state or province, country, and ZIP or foreign postal code: **BROOKFIELD, CT 06804**

D Employer identification number: **** - ***1610**

E Telephone number: **(203) 775-4444**

G Gross receipts \$: **7,055,281.**

F Name and address of principal officer: **MARIE MISZEWSKI**
293 MAIN STREET, DANBURY, CT 06810

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.REGIONALYMCA.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1963** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE REGIONAL YMCA OF WESTERN CONNECTICUT IS A COMMUNITY SERVICE ORGANIZATION COMMITTED TO		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	466	
	6	Total number of volunteers (estimate if necessary)	496	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 39	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,149,067.	1,215,556.
	9	Program service revenue (Part VIII, line 2g)	5,470,630.	5,670,453.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,774.	81,594.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,986.	46,457.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,758,457.	7,014,060.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,255,863.	4,258,065.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,505.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,950,424.	2,918,868.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,206,287.	7,176,933.	
19	Revenue less expenses. Subtract line 18 from line 12	-447,830.	-162,873.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,614,664.	9,348,754.
	21	Total liabilities (Part X, line 26)	6,878,647.	6,168,177.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,736,017.	3,180,577.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **MARIE MISZEWSKI, EXECUTIVE DIRECTOR** Date: _____

Paid Preparer Use Only Print/Type preparer's name: **NICHOLAS YANOUZAS** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P01423868**
 Firm's name: **WHITTLESEY PC** Firm's EIN: **** - ***3326**
 Firm's address: **280 TRUMBULL STREET, 24TH FLOOR**
HARTFORD, CT 06103 Phone no. **860.522.3111**

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