



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: Camp Greenknoll Enhancement

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): \$ 100,000.00

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 mind, body, and spirit for all. Each year we serve over 11,000 residents in the Greater Danbury area, and focus on our core areas of Youth Development, Healthy Living and Social Responsibility. Situated on 14 acres in Brookfield, CT, Camp Greenknoll is a 10-week summer program that offers a fun, engaging, and educational summer experience for children 3-15. Camp Greenknoll is a "full service" camp program that offers a quality summer experience for children. (see attached)

Need for program: _____

Camp Greenknoll is a very important part of the summer season for hundreds of local children each year. Due to the disruptions and hardships caused by the COVID-19 pandemic, Camp Greenknoll is more important than ever. Each summer, Camp provides a safe, nurturing, and exciting outdoor experience for children and also provides a sense of normalcy, the opportunity to connect with friends, and valuable enrichment activities in language arts, math, and STEAM after months of distance learning and academic loss. Camp also teaches children the value of fitness and nutrition and challenges them to learn about nature and (see attached)

Neighborhood area to be served: _____

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

Plan to implement the program: _____

Our Board of Directors, in conjunction with Abigail Adams at A2 Land Consulting LLC have developed a comprehensive needs assessment for bringing Camp Greenknoll into the 21st century. From that point we have developed and begun to implement a fundraising strategy to fund the project. We are committed to ensuring every child in our community has the opportunity to be part of Camp Greenknoll, combat summer learning loss, reach their physical potential, enjoy nature, and experience the best summer ever. To that end, we also want to make sure we are providing the best possible experience for our campers. This means we must constantly evolve our programming to fit the needs of our community. (see attached)

Description of program (continued)

Our camp is unique in that we engage children both mentally and physically during the summer months. Through our Enrichment Programming component, we aim to keep children on track academically, reinforce skills learned during the prior school year, and prepare them for the new school year. Age-appropriate language arts, math, and STEAM (Science, Technology, Engineering, Art, and Mathematics) activities are incorporated into the campers' weekly schedules, along with other exciting enrichment components such as gardening and swimming instruction.

Need for program (continued)

their surroundings. The Regional Y is committed to offering the most up-to-date and enriching summer activities to our community. Upgraded areas will include a Nature's Classroom, splash pad, climbing tower and zipline, Program Village, hiking trails, and more.

Plan to implement the program (continued)

Our goal is to deliver camp experiences that are fun, active, challenging, and enriching.

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	\$100,000.00
Other funding sources - itemized sources:	
a) <u>Membership & Programs</u>	<u>\$2,582,650.00</u>
b) <u>Child Care</u>	<u>\$1,545,318.00</u>
c) <u>Charitable Support</u>	<u>\$329,448.00</u>
d) <u>Camp</u>	<u>\$733,077.00</u>
Total Funding:	<u>\$5,290,493.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Membership & Programs</u>	<u>\$1,766,593.00</u>
b) <u>Child Care</u>	<u>\$1,176,326.00</u>
c) <u>Facility</u>	<u>\$691,588.00</u>
d) <u>Combined Heat & Energy</u>	<u>\$274,760.00</u>
Administrative expenses - itemized description:	
a) <u>Administration</u>	<u>\$1,304,689.00</u>
b) <u>Fundraising</u>	<u>\$81,580.00</u>
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$5,295,536.00</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:	_____
	HUMAN RESOURCES
	TOWN OF BROOKFIELD
Mailing address:	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>

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REGIONAL YMCA OF WESTERN CONNECTICUT, INC.		D Employer identification number ** - ***1610
	Doing business as REGIONAL YMCA		E Telephone number (203) 775-4444
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,055,281.
	2 HUCKLEBERRY HILL ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BROOKFIELD, CT 06804		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARIE MISZEWSKI 293 MAIN STREET, DANBURY, CT 06810		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.REGIONALYMCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1963 M State of legal domicile: CT	

Part I Summary		Prior Year	Current Year
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)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	466
	6 Total number of volunteers (estimate if necessary)	6	496
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	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.
	b 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)	Beginning of Current Year 9,614,664.	End of Year 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	Date			
	MARIE MISZEWSKI, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name NICHOLAS YANOZAS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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			