



Municipality: Branford

Form NAA-01
2024 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: First Congregational Church of Branford

Address:

1009 Main Street, Branford, CT 06405

Federal Employer Identification Number: 06-6042800

Program title: Building Restoration

Name of contact person: Rev. Joseph Perdue

Telephone number: 203-488-7201

Email address: jperdue@firstcongregationalbranford.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 35,000

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: _____

A comprehensive engineering study to evaluate the condition of the building, which was originally constructed in the middle of the 19th century. This study is preparatory to initiating a restoration project which will include updating wiring and mechanical systems, repairs and painting.

Need for program: _____

The First Congregational Church is an historic building located in the center of the Town Green. It is in need of a comprehensive engineering study examining structural integrity, risks and necessary restoration work. This will safeguard significant piece of town history for future generations.

Neighborhood area to be served: _____

Town Green in the Center of Branford

Plan to implement the program: _____

Interviewing engineering firms is underway. Once a selection is made the study will begin

Timetable:

Program start date: 09-01-2024
MM - DD - YYYY
Program completion date: 11-01-2024(estimate)
MM - DD - YYYY
Post-project audit due date: 2-1-2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$35,000</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Fees for engineering study</u>	<u>25,000</u>
b) <u>Supplies, Permits, Licenses, insurance</u>	<u>10,000</u>
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

35,000

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: _____ Town of Branford - Finance Department
Mailing address: _____ 1019 Main Street, PO Box 150, Branford CT 06405
Name of municipal liaison: James P Finch Jr
Telephone number: 203-315-0663
Fax number: _____
Email address: jfinch@branford-ct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
