



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: Tail To Paw Animal Support

Address:
140 Thompson Street, Unit 20B, East Haven, CT 06513

Federal Employer Identification Number: 81-3751505

Program title: Tail To Paw Assistance Program

Name of contact person: Bobbi Jo Evans

Telephone number: 203-430-9045

Email address: tailtopaw@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000

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: Assistance to low-income persons to keep pets in their homes
The program is designed to provide the financial assistance to provide temporary medical/vaccinations/food and case management to the household to assist in rebuilding from a temporary hardship. Case management will assist in finding additional resources for financial assistance, and other items they may be eligible for within their town/city or state.

Need for program: People who are at or below the poverty level, experiencing homelessness, Veterans or Seniors who are struggling to provide their companion animals with basic medical needs, vaccinations, spay/neuter and food in order to keep their pets with them and not abandon or surrender to the streets or shelters. The majority of people who own a companion animal and have temporary financial struggles, are forced to give up their pet without assistance causing shelters and rescues to be overrun with pets who do not adjust to life in rescue/shelter.

Neighborhood area to be served: Greater New Haven County with specific focus on Branford, East Haven, Madison, Guilford

Plan to implement the program: Work with senior centers, food pantries, social service agencies to engage with the community that is at the most need and provide continual access to the program

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 checked="" 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;">11/3/2026</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **DEC 29 2016**

TAIL TO PAW ANIMAL SUPPORT
140 THOMPSON STREET UNIT 20B
EAST HAVEN, CT 06513-1995

Employer Identification Number:
81-3751505
DLN:
26053758001576
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 5, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2023

Open to Public Inspection

A For the 2023 Calendar year, or tax year beginning 2023-01-01 and ending 2023-12-31

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: TAIL TO PAW ANIMAL SUPPORT

140 Thompson Street, East
Haven, CT, US, 06513

D Employee Identification
Number 81-3751505

E Website:

https://www.tailtopaw.org

F Name of Principal Officer: Bobbi Jo Evans

140 Thompson Street, East
Haven, CT, US, 06513

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.