



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: The Branford Electric Railway Assn, Inc dba The Shore Line Trolley Museum

Address: 55 Alex Warfield Rd, Branford CT 06405

Branford Campus

Federal Employer Identification Number: 06-6088826

Program title: Run on the Sun -Branford Campus - Solar Project Phase I

Name of contact person: John Proto

Telephone number: (475) 227-0001

Email address: john@shorelinetrolley.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \$64,850

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: _____

Installation of solar panels for Branford campus (trolley barns, repair shop). The PV system will be installed on the rooftops of two trolley barns with full sun exposure. This will produce enough energy to run all seven trolley barns (lighting) and repair shop (heat, cooling, lighting and power equipment) without drawing from our Eversource connections during an average day. The request for funding includes all permits, solar panels, inverters, transformers, and contractor installation and design. A private funding pledge for \$20,000 has been received.

Need for program: _____

By generating our own electricity, the trolley barns and repair shop will be less reliant on the traditional power grid, enhancing energy security and resilience and allowing the museum to reallocate funds from electric bills to programs and restoration efforts. The installation of a PV system provides excellent educational opportunities for our community to learn about sustainable practices, and will also allow us to reduce our carbon footprint and contribute to local sustainability efforts.

Neighborhood area to be served: _____

Short Beach (physical location). The educational opportunities will support the entire Branford community

Plan to implement the program: _____

The program has been kick-started by a \$20,000 pledge, project is ready to go to bid. The goal is to install roof panels no later than the fall of 2024 with a connection to Eversource no later than July 2025. Feasibility studies have been completed, and private funding of nearly 25% of the entire project has been secured.

Timetable:

Program start date: 7-01-2024
MM - DD - YYYY
Program completion date: 7-01-2025
MM - DD - YYYY
Post-project audit due date: 8-01-2025
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>\$64,850</u>
Other funding sources - itemized sources:	
a) <u>Private funding secured</u>	<u>\$20,000</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Solar panels, racking, inverters</u>	<u>\$55,000</u>
b) <u>Pole line construction</u>	<u>\$2,000</u>
c) <u>Transformers (2 @ 4k each)</u>	<u>\$8,000</u>
d) <u>Switchgear, misc hardware</u>	<u>\$3,500</u>
Administrative expenses - itemized description:	
a) <u>System design</u>	<u>\$3,000</u>
b) <u>Freight, shipping</u>	<u>\$2,000</u>
c) <u>Permits (inspection, interconnect)</u>	<u>\$1,350</u>
d) <u>Licensed Electrical Installer</u>	<u>\$10,000</u>

Total Proposed Expenditures:

\$84,850

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;"><u>08-01-2025</u></p> <p style="text-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)

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , **2022**, and ending , **20**

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 BRANFORD ELECTRIC RAILWAY ASSOC., INC. 17 RIVER STREET EAST HAVEN, CT 06512	D Employer identification number 06-6088826	E Telephone number (203) 467-6927
F Name and address of principal officer: Same As C Above		G Gross receipts \$ 641,995. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
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: <u>shorelinetrolley.org</u>	
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: 1945	M State of legal domicile: CT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
Activities & Governance	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	871,484.	340,203.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213,454.	245,976.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,092.	190.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,786.	31,750.
		1,151,816.	618,119.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	169,268.	200,246.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	19,348.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	724,647.	592,516.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	893,915.	792,762.	
19 Revenue less expenses. Subtract line 18 from line 12	257,901.	-174,643.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,818,650.	2,646,239.
	22 Net assets or fund balances. Subtract line 21 from line 20	445,761.	429,215.
		2,372,889.	2,217,024.

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	
	MARK PILLITERE		Treasurer
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Gregg S. Bossen	Gregg S. Bossen	
	Firm's name	Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address	Firm's EIN	
	GREGG S BOSSEN CPA PC	58-2361357	
	50 LENOX POINT, SUITE C	Phone no.	404-892-9513
	ATLANTA, GA 30324		

May the IRS discuss this return with the preparer shown above? See instructions Yes No