



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: We Are One Inc.

Address:

1204 Main St. #103 Branford, CT 06405

Federal Employer Identification Number: 88-2672312

Program title: We Connect

Name of contact person: Ashley Phan

Telephone number: 475-837-1911

Email address: weareoneinc2022@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24000

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): Program serving victims of human trafficking and at-risk youth

Description of program:

We rebuild the lives of trafficking victims and at-risk youth by providing essential resources through our "we connect" program. We first determine the specific needs of the client. Then we collaborate with businesses and engage community members and existing non-profits. This program connects marginalized victims + at-risk youth with resources to sustain a healthy lifestyle.

Need for program:

We are One Inc. has identified 2531 children are at-risk for human trafficking based on socio-economic status.

Neighborhood area to be served:

Brantford
lower-income communities

Plan to implement the program:

We first determine specific community events focused on our target demographic. We then set up awareness/outreach tables outlining our services. Then we provide resources to community members who fit the criteria for victims and at-risk youth.

Timetable:

Program start date: 08-12-2024
MM - DD - YYYY
Program completion date: 08-12-2025
MM - DD - YYYY
Post-project audit due date: _____
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>24,000</u>
Other funding sources - itemized sources:	
a) <u>Fundraising</u>	<u>20,000</u>
b) <u>in-kind</u>	<u>100,000</u>
c) <u>Grants</u>	<u>20,000</u>
d) _____	_____

Total Funding: 164,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Victim</u>	<u>240,000</u>
b) <u>transportation</u>	<u>42,000</u>
c) <u>Program marketing</u>	<u>90,000</u>
d) <u>Community events</u>	<u>38,400</u>

Administrative expenses - itemized description:	
a) <u>payroll</u>	<u>240,000</u>
b) <u>rent</u>	<u>20,000</u>
c) <u>materials</u>	<u>20,000</u>
d) <u>Sub-contracting services</u>	<u>40,000</u>

Total Proposed Expenditures: 730,400

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

Post-Project Audit

Is a post-project audit required for this proposal?

Yes No

If Yes, date post-project audit due:

Date

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: WE ARE ONE INC

1204 MAIN ST UNIT 103,
BRANFORD, CT, US, 06405

D Employee Identification

Number 88-2672312

E Website:

WWW.WEAREONEINCS.COM

F Name of Principal Officer: ASHLEY PHAN

135 OLD FOXON ROAD,
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.