



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 Connecticut Hospice, Inc. hereinafter CT Hospice

Address: 100 Double Beach Road, Branford, CT 06405

Federal Employer Identification Number: 060878822

Program title: The Campaign to Inform Branford Residents about Available Dementia Care

Name of contact person: Mary Gilhuly, CPA

Telephone number: 203-315-7633

Email address: mgilhuly@hospice.com

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.