



Municipality: Windsor

## Form NAA-01

### 2022 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: \_\_\_\_\_  
Connecticut Radio Information System

Address: 315 windsor Avenue, Windsor, CT 06095

Federal Employer Identification Number: 06-0987696

Program title: Audio Accessibility for People who are Blind or Print Challenged

Name of contact person: Diane Weaver Dunne

Telephone number: (860) 527-8000

Email address: dwdunne@crisradio.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 5,000.00

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.

## 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): Services for people who are blind or print challenged

Description of program: \_\_\_\_\_

CRIS Radio provides human narrated audio recordings 24/7 of:

1. Newspapers and magazines for people who are blind or print challenged, living in their own homes, in retirement communities, patients in hospitals, and visitors to senior centers.
2. Signage and exhibits for people who are blind or print challenged visiting museums.
3. Educational materials for students who are blind, print challenged or not reading at grade level.

Need for program: \_\_\_\_\_

Imagine that you could not read? How would you get the kind of in-depth information you needed to be an active and knowledgeable participant in any conversation; how would you excel in school; how would you be able to enjoy the exhibits at museums? For those of us who can read, there is a plethora of information available for learning what is going on in our communities, the state, the nation and the world. The audio programming CRIS provides people who are blind or print challenged to access the same kind of in-depth information that is available to their sighted peers.

Neighborhood area to be served: \_\_\_\_\_

Windsor

Plan to implement the program: \_\_\_\_\_

Provide audio programming that is transmitted using a combination of special telephone lines, subcarrier radio frequencies and the internet to CRIS Radio's regional satellite studios. Broadcasts can be heard with internet radios and specially tuned FM radios, via the telephone, and online through the CRIS website: [www.crisradio.org](http://www.crisradio.org). Programs are available live or on demand from any mobile device, including smartphones and iPads/tablets or any computer and through Amazon's hands-free Tap and Alexa devices.

**Timetable:**

Program start date: 10/1/22

Program completion date: 9/30/23

The program completion date must not be more than two years from the program start date. A certified post-project audit is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

**Part III — Financial Information**

**Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	\$5,000.00
Other funding sources - itemized sources:	
a) <u>Foundations and civic organizations</u>	<u>\$1,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:** \$6,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Broadcasting fees, supplies and supplies</u>	<u>\$6,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

**Total Proposed Expenditures:** \$6,000.00

**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:	<u>Town of Windsor Office of Community Development</u>
Mailing address:	<u>275 Broad St., Windsor, CT, 06095</u>
Name of municipal liaison:	<u>Flavia Rey de Castro</u>
Telephone number:	<u>860-285-1985</u>
Fax number:	<u>860-285-1820</u>
Email address:	<u>reydecastro@townofwindsorct.com</u>

<b>Post-Project Audit</b>	
Is a post-project audit required for this proposal?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, date post-project audit due:	
_____	
Date	

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

B Check or radio button: C Name of organization: CONNECTICUT RADIO INFORMATION SYSTEM, INC. D Employer identification number: 06-0987696 E Telephone number: (860) 527-8000 F Name and address of principal officer: PAUL YOUNG, 315 WINDSOR AVENUE, WINDSOR, CT 06095 G Gross receipts \$: 463,831. H(a) Is this a group return for a subsidiary? Yes [X] No [ ] H(b) Are all assets held in trust? Yes [ ] No [X] H(c) Group exemption number: [ ]

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other [ ] L Year of formation: 1978 M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CRIS PROVIDES QUALITY AUDIO ACCESS SERVICES FOR PEOPLE WHO ARE BLIND OR PRINT HANDICAPPED/PRINT CHALLENGED.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

Table with 2 columns: Line number and Description, and Amount. Rows include: 3 Number of voting members of the governing body (13), 4 Number of independent voting members of the governing body (13), 5 Total number of individuals employed in calendar year 2020 (7), 6 Total number of volunteers (143), 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 (0).

Table with 3 columns: Line number and Description, Prior Year, and Current Year. Rows include: 8 Contributions and grants (421,303), 9 Program service revenue (331), 10 Investment income (1,008), 11 Other revenue (41,064), 12 Total revenue - add lines 8 through 11 (580,539), 13 Grants and similar amounts paid (0), 14 Benefits paid to or for members (0), 15 Salaries, other compensation, employee benefits (310,752), 16a Professional fundraising fees (0), 16b Total fundraising expenses (24,579), 17 Other expenses (170,879), 18 Total expenses - add lines 13-17 (481,631), 19 Revenue less expenses - Subtract line 18 from line 12 (-17,925), 20 Total assets (1,134,051), 21 Total liabilities (75,218), 22 Net assets or fund balances - Subtract line 21 from line 20 (1,058,833).

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: Paul Young, Date: 10/27/2021, Title: CHAIR

Preparer: Print preparer's name: Susan D Tucker, Director, Date: 11/5/2021, Check self-employed [ ], PTIN: P01593305, Firm's name: FIONDELLA, MILONE & LASARACINA LLP, Firm's EIN: 06-1648707, Firm's address: 300 WINDING BROOK DRIVE GLASTONBURY, CT 06033, Phone no.: 860-657-3651

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

