



Municipality: Windsor, Connecticut

Form NAA-01
2023 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: _____
Fitch Court Apartments Inc. Managed by Windsor Housing Authority

Address: 156 Bloomfield Avenue
Windsor, Ct 06095

Federal Employer Identification Number: 06-1630466

Program title: Fitch Court Apartments- Elderly 55+ Housing

Name of contact person: Darlene West, Property Manager

Telephone number: (860) 285-8090

Email address: DWest@Windsorha.org

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

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, attach a copy of the first page of your most recent return.</p> <p>If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
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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: _____

Energy conservation programs and assistance to help our low income residents, with water and heating usage and conservation techniques including replacement of fixtures with more energy efficient models. There is a large amount of heat and air conditioning loss through the current windows. In phase one, in addition to fixture replacement we are looking for funding to replace windows with initial phase focusing on the north sides of the buildings and court yards where there are higher winds, and less sunlight creating a higher demand on utility usage which continues to create financial hardship on our most vulnerable low income residents.

Need for program: _____

All our tenants are low income, of whom 95% are living on a fixed income. Our residents do not have the income to support the economic impact that is caused utility bills to double and in many cases quadruple. We would like to create enough savings to prevent service interruption which has increased more than 30% for our tenants. These simple energy conserving upgrades/replacements will make it easier for our residents to continue to live independently in a safe and comfortable environment.

Neighborhood area to be served: _____

Elderly and Disabled Residents of the 40 unit Fitch Court Apartments located in Windsor in a well established residential neighborhood, accessible by public transportation, close to shopping, parks and playgrounds.

Plan to implement the program: _____

Provide energy audits for all building units at no cost to tenants. Replace in unit lighting with more energy efficient lighting where needed; review efficiency of faucets, shower heads, tubs, sinks to determine useful life and affect upgrades that would have a positive impact on tenants electric bills as tenants pay the cost for hot water. Complete energy audit of all windows, units and building to measure heat loss with emphasis on the Northern facing windows and all windows located in court yards.

Timetable:

Program start date: 08/01/2023
MM - DD - YYYY

Program completion date: 12/31/2023
MM - DD - YYYY

Post-project audit due date: 04/01/2024
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	\$150,000.00
Other funding sources - itemized sources:	
a) <u>Property reserves</u>	<u>\$20,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding: \$170,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Windows</u>	<u>\$120,000.00</u>
b) <u>Energy Audits</u>	<u>\$3,000.00</u>
c) <u>Energy efficient lighting</u>	<u>\$23,000.00</u>
d) _____	_____

Administrative expenses - itemized description:	
a) <u>Project reserves</u>	<u>\$24,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$170,000.00

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: _____ Town of Windsor
Mailing address: _____ 275 Broad Street Windsor, Ct 06095
Name of municipal liaison: <u>Flavia Rey De Castro</u>
Telephone number: <u>860-2851985</u>
Fax number: <u>860-285-1820</u>
Email address: <u>reydecastro@townofwindsorct.com></u>

<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>04/01/2024</u></p> <p style="text-align: center;">Date</p>
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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 2021 calendar year, or tax year beginning and ending

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 Name of organization FITCH COURT APARTMENTS, INC.		D Employer identification number 06-1630466
	Doing business as		E Telephone number (860) 285-8090
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 400,164.
	156 BLOOMFIELD AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code WINDSOR, CT 06095		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: ADAM GUTCHEON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2003** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE HOUSING FOR ELDERLY AND HANDICAPPED PERSONS.		
	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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	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)	0.	152,497.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	389,795.	247,440.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,647.	227.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	391,442.	400,164.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	129,097.	122,061.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	340,269.	314,382.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	469,366.	436,443.
19 Revenue less expenses. Subtract line 18 from line 12	-77,924.	-36,279.	
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)	1,310,979.	1,266,137.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,192,192.	1,183,629.

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			
	ADAM GUTCHEON, CHAIRMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KRISTEN CUMMINGS	Preparer's signature KRISTEN CUMMINGS	Date 11/14/22	Check <input type="checkbox"/> if self-employed	PTIN P01510495
	Firm's name ▶ MARCUM LLP	Firm's address ▶ 53 STATE STREET BOSTON, MA 02109	Firm's EIN ▶ 11-1986323	Phone no. (617) 807-5000	

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