



Municipality: WINDSOR, CT

## 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: \_\_\_\_\_  
THE OLIVER-BENOIT FOUNDATION CO.

Address: 51 LOCHVIEW DRIVE, WINDSOR, CT 06095

Federal Employer Identification Number: 92-3140603

Program title: FUNDING REQUEST FOR FISCAL YEAR 2025

Name of contact person: MARY OLIVER-BENOIT

Telephone number: (860) 280-1057

Email address: maryoliverbenoit@yahoo.com

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ 30,000.00

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): Helping the homeless and shelter residents

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

Our mission is to supply homeless individuals and shelter residents with kits containing cleaning sock and essential personal care items such as toothpaste, toothbrushes, deodorant, shampoo, soap, face cloths, etc. In the year 2024, we are aiming to distribute a minimum of 500 kits. In the wintertime of 2024, leading into 2025, we would like to distribute a minimum of 100 coat, hat and glove sets. In 2025, our goal is to distribute a minimum of 1000 sock and toiletry kits over the course of the year and at least 100 coats, hat and gloves sets to the target population in the winter months leading into 2026. The fiscal year for the foundation starts 1/1.

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

This program is vital considering that the homeless and shelter dwelling population exceeds 1200 individuals. While they are seeking shelter and possibly work opportunities, they can maintain themselves with the items we are providing to them.

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

Greater Hartford Region.

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

1. We will be partnering with three shelter agencies that we have identified that are willing to be points of distribution. Distribution will begin in 2024 in July For the 2025 fiscal year, distributions will be made on a quarter by quarter basis. We would like to distribute at least 250 kits min. per quarter. If possible we would like to distribute more.

2. We will also be a participant in the Annual Ollie Williams Health Fair in the the Greater Hartford Region starting in 2024 and will continue henceforward. We are anticipating distributing at least 100 kits at this event.

**Timetable:**

Program start date: 1/1/2025

Program completion date: 12/31/2025

**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	<u>\$30,000.00</u>
Other funding sources - itemized sources:	
a) <u>Donations from Olivetree Cleaning Systems LLC</u>	<u>\$6,000.00</u>
b) <u>Otther Anticipated Donations sources</u>	<u>\$5,000.00</u>
c) <u>Anticipated Annual June Auction proceeds</u>	<u>\$20,000.00</u>
d) _____	_____

**Total Funding:** \$61,000.00

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>estimated purchase of Items in bulk</u>	<u>\$25,000.00</u>
b) <u>estimated delivery costs, gas, boxes and bags,etc</u>	<u>\$1,650.00</u>
c) <u>Website maintenance</u>	<u>\$350.00</u>
d) <u>advertising and solitications</u>	<u>\$3,000.00</u>

Administrative expenses - itemized description:	
a) <u>executive director compensation for 2025</u>	<u>\$25,000.00</u>
b) <u>other estimated misc admin expense</u>	<u>\$2,000.00</u>
c) <u>estimated book keeping firm</u>	<u>\$2,000.00</u>
d) <u>estimated insurance costs</u>	<u>\$2,000.00</u>

**Total Proposed Expenditures:** \$61,000.00

**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, CT _____
Mailing address: _____ 275 Broad St., Windsor, CT 06095 _____
Name of municipal liaison: Ms. Flavia Rey de Castro _____
Telephone number: 860-285-1985 _____
Fax number: N/a _____
Email address: reydecastro@townofwindsorct.com _____

<p style="text-align: center;"><b>Post-Project Audit</b></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 <b>Yes</b>, date post-project audit due:</p> <p style="text-align: center;">3-31-2025 _____ Date</p>
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# 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further Information* below.

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## Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

**Program Title:** Assign a unique program title to each program for which your organization is making an application.

**Federal Form 990:** Attach a copy of the first page of your organization’s most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

## Part II – Program Information

**Description of Program:** Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program’s impact on the community.

**Need for Program:** Demonstrate a need for this program. For example, provide relevant statistics.

**Neighborhood Area to Be Served:** Describe the neighborhood or municipality this program will serve.

**Plan to implement the program:** Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

**Timetable:** Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

## Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

**Sources of Revenue:** The budget must include the requested NAA funding and any other anticipated revenue sources.

**NAA Funding Requested:** Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

**Other Funding Sources:** Provide a detailed description(s) and the amount(s) of all funding sources.

**Proposed Program Expenditures:** The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

**Direct Operating Expenses:** Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

## Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

**Municipal Liaison:** The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

**Post-Project Audit:** 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. This audit must be submitted to the municipality no later than three months after the program completion date.

## For Further Information

Email inquiries to:

- **NAAProgram@ct.gov**

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)