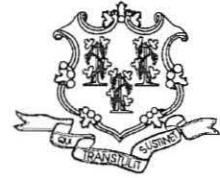


Department of Revenue Services
State of Connecticut
(Rev. 02/20)



Municipality: Torrington

Form NAA-01
2020 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: _____
Susan B. Anthony Project

Address: 179 Water Street, Torrington, CT 06790

Federal Employer Identification Number: _____

Program title: Community Service for Victims of Domestic Violence and Sexual Assault

Name of contact person: Ashley Cerruto

Telephone number: (860) 489-3798

Email address: acerruto@sbaproject.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

<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>
--

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: _____

Susan B. Anthony Project provides crisis and non-crisis services to victims of domestic and sexual violence. It also provides community education and outreach to aid in the prevention of domestic and sexual abuse. All of the agency's services are free of charge, and include a 24-hour crisis line, emergency shelter and transitional living programs, court and medical advocacy, support groups and individual counseling.

Need for program: _____

Last year, 56 women and 45 children were given safe shelter at the Susan B. Anthony Project shelter and transition house. Court advocates helped an average of 92 new clients every month. Counselors helped 272 women and 113 children who were victims of sexual assault. Counselors answered 2,276 calls to the crisis line. Community prevention programs were provided to 4,449 students in grades K-12, and an additional 1,524 adult community partners.

Neighborhood area to be served: _____

Torrington and the 20 towns in Northwest Connecticut.

Plan to implement the program: _____

Direct service response:

- 24/7, 365 days for crisis hotline, shelter, and transitional living program
- Court advocacy in criminal and civil court, Monday - Friday
- Counseling and advocacy of community clients in our Counseling and Advocacy Center

Timetable:

Program start date: July 1, 2020

Program completion date: June 30, 2021

The program completion date must not be more than two years from the program start date. A certified post-project review 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>\$75,000.00</u>
Other funding sources - itemized sources:	
a) <u>State and federal grants</u>	<u>\$1,013,269.00</u>
b) <u>Contributions</u>	<u>\$407,400.00</u>
c) <u>Fundraising events</u>	<u>\$79,000.00</u>
d) <u>Rental, investment income, and operating reserves</u>	<u>\$261,460.00</u>

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Program services</u>	<u>\$1,619,877.00</u>
b) _____	_____
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Administrative</u>	<u>\$36,723.00</u>
b) <u>Fundraising</u>	<u>\$128,529.00</u>
c) <u>Accounting and insurance</u>	<u>\$51,000.00</u>
d) _____	_____

Total Proposed Expenditures: \$1,836,129.00

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: _____ Torrington
Mailing address: _____ 140 Main Street
Name of municipal liaison: Maurette Wall
Telephone number: 860.489.2228
Fax number: 860.489.2541
Email address: maurette_wall@torringtonct.org

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

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 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C SUSAN B. ANTHONY PROJECT, INC.
179 WATER STREET
TORRINGTON, CT 06790

D Employer identification number

E Telephone number
(860) 489-3798

F Name and address of principal officer: JEANNE S. FUSCO
SAME AS C ABOVE

G Gross receipts \$ 1,768,976.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If "No" attach a list. (see instructions) Yes No

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

J Website: WWW.SBAPROJECT.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1983 **M** State of legal domicile: CT

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROMOTES SAFETY, HEALING AND GROWTH FOR ALL SURVIVORS OF DOMESTIC AND SEXUAL ABUSE AND ADVOCATES FOR THE AUTONOMY OF WOMEN AND THE END OF INTERPERSONAL VIOLENCE.</u>		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	164
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,851,194.	Current Year 1,666,651.
	9 Program service revenue (Part VIII, line 2g)	4,623.	14,026.
	10 Investment income (Part VII, column (A), lines 3, 4, and 7d)	9,664.	7,590.
	11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,578.	34,761.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,894,059.	1,723,028.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,284,231.	1,313,076.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>192,439.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	394,336.	433,892.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,678,567.	1,746,968.	
19 Revenue less expenses. Subtract line 18 from line 12	215,492.	-23,940.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,476,027.	End of Year 4,480,304.
	21 Total liabilities (Part X, line 26)	204,563.	195,989.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,271,464.	4,284,315.

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: Jeanne S. Fusco Date: 1-16-2020
 JEANNE S. FUSCO EXECUTIVE DIR.
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: ROBERT E. KING, CPA Preparer's signature: ROBERT E. KING, CPA Date: _____ Check if self-employed PTIN: _____
 Firm's name: KING, KING & ASSOCIATES, CPAS Firm's EIN: _____
 Firm's address: 170 HOLABIRD AVE WINSTED, CT 06098-1727 Phone no. (860) 379-0215

