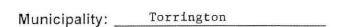
Department of Revenue Services State of Connecticut (Rev. 02/20)





### 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.

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:United Way of Northwest Connecticut, Inc.
Address: 333 Kennedy Drive, Suite R101, PO Box 1001 Torrington CT 06790
Federal Employer Identification Number:
Program title: 2020 United Way of Northwest Connecticut's Annual Campaign
Name of contact person: Owen J. Quinn
Telephone number: 860-489-4131
Email address:owen@northwestunitedway.org
Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 150,000.00
Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?
□ 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.
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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 \_\_\_\_x Job training/education for unemployed persons aged 50 or over; \_\_\_\_\_\_ Job training/education for persons with physical disabilities; X Program serving low-income persons; \_\_x\_\_ Child care services; Establishment of a child day care facility; \_\_\_\_\_ Open space acquisition fund; or x Other (specify): All other United Way Sponsored Activities Our mission is helping people in Northwest CT care for one another. Description of program: The United Way is committed to using all resources available to create a measurable impact on Northwest connecticut in areas of the regions greatest needs. We support quality programs delivered by United Way Community Partners that responds to the Community Impact ares of Financial Stability, Health and Education and we will rally and engage Community Leaders and Advocate for those causes and work to solve thoes issues on a local, regional and state level. Need for program: To allocate funds and impower Community Partners and Community Leaders to solve Community Impact areas of concern to the United Way Board of Directors. Neighborhood area to be served: 25 local municipalities located in Litchfield County and Northwest CT. Plan to implement the program: We engage at minimum over 30 programs and activities approved by the United Ways Board of Directors. We monitor and track results and we implement corrective action plans to organizations not acheiving high standard demanded by the BOD's

Page 2 of 5

Form NAA-01 (Rev. 02/20)

Program start date: 12/01/2021	
Program completion date: 12/31/2021	
The program completion date must not be more than two years from post-project review is due to the municipality overseeing impleme after program completion date for all projects receiving \$25,000 cm.	ntation no later than three months
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) Corporate	\$190,000.00
b) Individual and Employee	\$385,000.00
c)	
d)	
Total Funding:	\$575,000.00
Proposed Program Expenditures:	
Direct operating expenses - itemized description:	
a) Community Partner Allocation	\$255,364.00
b)	
c)	
d)	•
Administrative expenses - itemized description:	
a) United Way Budget	\$\$269,206.00
b)	
c)	
d)	
Total Proposed Expenditures:	\$575,000.00

Timetable:

## 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:
	City of Torrington
Mailing address:	140 Main Street
	Torrington, CT 06790
Name of municipal	iaison:Maurette Wall
Telephone number:	860 - 489 - 2228
Fax number:	860 — 489 — 2541
Email address:	maurette_wall@torringtonct.org

Post-Project Review	
Is a post-project review required for this	proposal?
☐ Yes ☐ No	
If <b>Yes</b> , date post-project review d	ue:
Date	

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection ► 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. . 2019, and ending

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K		n of organization:	X Corporation	Trust	Association	Other ►	L	Year of formati	on: 1942	Ms	tate of leg	gal domicile: CT
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	13	Grants and six	milar amounts p	oaid (Part	IX, column (A	), lines 1-3)		********		678,2		455,806.
	14	Benefits paid	similar amounts paid (Part IX, column (A), lines 1-3)									
		Committee of the commit	r compensation, employee benefits (Part IX, column (A), lines 5-10)							191,1	21.	197,221.
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		The state of the s								97,2		96,425.
- 1			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)ss expenses. Subtract line 18 from line 12							966,5		749,452.
	19	Revenue less	expenses. Sub	tract line	18 from line 1:	2				-26,9		-61,905.
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	in the contract			AND DESCRIPTION								

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