



Municipality: City of Norwalk

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: _____
ElderHouse, Inc.

Address: 7 Lewis Street, Norwalk, CT 06851

Federal Employer Identification Number: 06-0963343

Program title: Adult Day Care

Name of contact person: Denise Cesareo, Executive Director

Telephone number: (203) 847-1998

Email address: dcesareo@ElderHouse.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,000.00

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): Adult Day Services for low-income persons with Alzheimer's disease

Description of program: _____
See attachment

Need for program: _____
See attachment

Neighborhood area to be served: _____
ElderHouse serves the City of Norwalk, Darien, New Canaan, Wilton, Westport and Weston.

Plan to implement the program: _____
See attachment

Timetable:

Program start date: 7/1/2020

Program completion date: 6/30/2021

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>\$50,000.00</u>
Other funding sources - itemized sources:	
a) <u>Government</u>	<u>\$40,597.00</u>
b) <u>Foundations & Corporations</u>	<u>\$56,993.00</u>
c) <u>Fundraising Events</u>	<u>\$17,000.00</u>
d) _____	_____

Total Funding: \$114,590.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Nurse (medical monitoring)</u>	<u>\$48,600.00</u>
b) <u>Health Aides (personal care)</u>	<u>\$34,900.00</u>
c) <u>Recreation Leaders (therapeutic recreation)</u>	<u>\$44,730.00</u>
d) <u>Van Driver (client door-through-door transportation)</u>	<u>\$16,560.00</u>

Administrative expenses - itemized description:	
a) <u>Administration & Overhead</u>	<u>\$19,740.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$164,530.00

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: _____ Norwalk Redevelopment Agency
Mailing address: _____ 13 Belden Avenue, Norwalk CT 06850
Name of municipal liaison: <u>Lori Ellyn Guttman, Director of Community Development Planning</u>
Telephone number: XXXXXXXX 203-854-7810 x46781
Fax number: _____
Email address: <u>lguttman@norwalkct.org</u>

<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 checked="" 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>

Program Title - Adult Day Services for Persons with Alzheimer's Disease

Total NAA funding request - \$50,000

Description of program

ElderHouse is a non-profit medical model adult day care center whose mission is to provide frail aging seniors with a safe, nurturing environment where they can share time with others while receiving the care they need. Our accredited program improves quality of family life by stabilizing the health and providing supervision to older adults with chronic conditions, while affording caregivers peace of mind.

For over 40 years, ElderHouse has been providing comprehensive daytime center-based care and services to lower Fairfield County's older adults living with memory loss and other cognitive and physical impairments. ElderHouse provides a safe place where older seniors, who if left home without supervision may be at risk for falls, wandering, overmedicating, self-neglect and depression, benefit daily from peer socialization and engagement with a team of memory and elder care specialists.

Six days per week older adults are offered door-through-door transportation to ElderHouse receiving these services to help improve health outcomes:

- Nursing Services – On-site nursing, medication administration, coordination with personal physician, help with hygiene from certified nursing assistants
- Memory Care - Staff trained in dementia, personal care, individualized engagement, memory enhancement programs, daily supervision in a safe and secure facility
- Recreation Programs - Daily exercise, art and leisure activities, pet therapy, modified sports, concerts and performances
- Meals - Nutritious lunch, healthy snacks, dietary monitoring
- Caregiver Support - Weekday respite until 5:00pm, Saturday hours, counseling and support groups

Need for program

NAA funds will help make a difference in the lives of low-income seniors living with Alzheimer's and dementia, and their caregivers who need respite services in order to work and maintain a stable home environment for their elderly family member.

Living with Alzheimer's is a challenging journey. This disease diminishes a person's capacity to think, to communicate and to remember, and eventually, the ability to carry out simple activities of daily life. Those effected often show signs of confusion and depression and are at risk for wandering and falls. As the disease progresses, they become totally dependent on others for their daily needs. The weight of the care most often falls on a family caregiver who must provide round-the-clock care and supervision.

When it comes to low-income families, the burden is especially great as they lack the financial resources to secure needed help: the average cost of a home health aide is \$30/hour. Many families who cannot afford to engage outside assistance often try to manage the care of their loved one by themselves. This creates a dire situation that is unsafe for the senior and unmanageable for the caregiver.

In a Long-Term Care Needs Assessment conducted by the CT Commission on Aging, family caregivers reported a significant lack of affordable care options for their frail loved ones. The Commonwealth Fund, a national policy think tank reported 31% of older adults with high needs experience greater cost barriers to receiving medical and social care. More than 20% of this population does not receive assistance of any kind because of cost.

As a not-for-profit, ElderHouse's adult day center provides services regardless of a person's ability to pay. For one low daily fee, based on a sliding scale, ElderHouse provides a safe environment where those suffering from memory loss can enjoy therapeutic activities designed to improve cognitive functioning, encourage social engagement and build friendships. Participants also benefit from personal care services, nutritional guidance and on-site medical monitoring, as well as door-through-door transport from home to the center.

For those with Alzheimer's, regular participation at ElderHouse results in healthier, more medically stable clients who continue to live with purpose, social connection and belonging, as well as less stressed caregivers and a better quality of life for both as reported by 98% of caregivers in ElderHouse's 2019 Caregiver Survey.

At ElderHouse, currently 76% of our chronically ill clients live at or below national poverty levels (\$12,490 for one adult) and are unable to pay market care rates. We predict this number will rise considerably as we move through the coronavirus crisis.

Increasingly more low-income families turn to ElderHouse to access affordable, high quality adult day supervision and memory care for their elderly family members. Currently 56% of our clients who are diagnosed with Alzheimer's live at or below Federal poverty levels (\$24,490 for one adult) and are unable to pay market care rates. We predict this number will rise considerably due to the economic impact of the coronavirus.

NAA funds will help:

- 1) Enable up to 40 eligible clients with Alzheimer's to attend ElderHouse at little or no cost through our Financial Assistance Program.
- 2) Provide respite services to family caregivers so they can return to work, continue working or obtain employment needed to maintain a stable home for their elderly loved one.

Plan to implement the program

ElderHouse's Adult Day Services targeting older adults with Alzheimer's will be executed through accomplishment of the following goals:

Goal 1- Re-open post-Coronavirus - Once health officials determine ElderHouse may reopen, we will be prepared with staff in place to resume duties.

Goal 2- Enroll seniors in need of care regardless of income - To support clients on the lowest income scale, ElderHouse will raised funds through public and private resources to provide financial aid to 40 or more clients, enabling them to attend our adult day center regardless of their economic means.

Goal 2 - Provide respite and support services to family caregivers. The hours of regularly scheduled relief from caregiving duties will enable caregivers to return to work, continue working or obtain needed employment. ElderHouse will also offer support services including counseling, educational programs, and information and referrals.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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 ELDERHOUSE, INC.		D Employer identification number 06-0963343	
	Doing business as		E Telephone number (203)847-1998	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7 LEWIS STREET		G Gross receipts \$ 1,360,114.	
	City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06851		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: DENISE CESAREO SAME AS C ABOVE		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.ELDERHOUSE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: ELDERHOUSE ADULT DAY CENTER IS COMMITTED TO PROVIDING AGING SENIORS WITH A SAFE, NURTURING	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 21
	6 Total number of volunteers (estimate if necessary) 6 50
	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 427,605. Current Year 439,433.
	9 Program service revenue (Part VIII, line 2g) 590,899. 584,145.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,626. 47,974.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -30,022. -30,460.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,020,108. 1,041,092.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	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) 844,333. 810,902.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,330.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 270,657. 315,568.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,114,990. 1,126,470.
19 Revenue less expenses. Subtract line 18 from line 12 -94,882. -85,378.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 2,016,566. End of Year 1,929,133.
	21 Total liabilities (Part X, line 26) 38,969. 59,292.
	22 Net assets or fund balances. Subtract line 21 from line 20 1,977,597. 1,869,841.

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 <i>Denise Cesaro</i> Date 1/29/2020				
	DENISE CESAREO, EXECUTIVE DIRECTOR Type or print name and title				
Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 01/29/20	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945		Phone no. 203-323-2400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No