

Municipality: \_\_\_\_\_

## 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: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Program title: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

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

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): \_\_\_\_\_

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

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

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

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

**Timetable:**

Program start date: \_\_\_\_\_

Program completion date: \_\_\_\_\_

**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 \_\_\_\_\_

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \_\_\_\_\_

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \_\_\_\_\_

## 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: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____ - _____ - _____
Fax number: _____ - _____ - _____
Email address: _____

<p style="text-align: center;"><b>Post-Project Review</b></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 <b>Yes</b>, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

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

<b>B</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	<b>C</b> Name of organization <b>HUMAN SERVICES COUNCIL, INC</b>		<b>D</b> Employer identification number <b>** - *** 2160</b>
	Doing business as		<b>E</b> Telephone number <b>203-849-1111</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>NORWALK, CT 06851</b>		<b>G</b> Gross receipts \$ <b>1,888,892.</b>
<b>F</b> Name and address of principal officer: <b>ANTHONY DILAURO</b> <b>ONE PARK STREET, NORWALK, CT 06851</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.HSCCT.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1944</b> <b>M</b> State of legal domicile: <b>CT</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION HELPS THE COMMUNITY RECOGNIZE AND UNDERSTAND ITS HUMAN SERVICES NEEDS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>20</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>20</b>	
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b> <b>30</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990 T, line 38	<b>7b</b> <b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,064,121.</b>	<b>Current Year</b> <b>906,648.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>967,336.</b>	<b>947,441.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>643.</b>	<b>397.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,095.</b>	<b>14,612.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,044,195.</b>	<b>1,869,098.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,331,333.</b>	<b>1,328,619.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,097.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>831,296.</b>	<b>819,240.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,162,629.</b>	<b>2,147,859.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-118,434.</b>	<b>-278,761.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,252,188.</b>	<b>End of Year</b> <b>2,898,343.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,531,362.</b>	<b>2,456,278.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>720,826.</b>	<b>442,065.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date
	<b>ANTHONY DILAURO, EXECUTIVE DIRECTOR</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY NAPP</b>	Preparer's signature	Date
	Firm's name ▶ <b>WHITTLESEY PC</b>	Firm's EIN ▶ <b>** - *** 3326</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01390521</b>
	Firm's address ▶ <b>280 TRUMBULL ST 24TH FL HARTFORD, CT 06103</b>	Phone no. <b>860.522.3111</b>	

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

[X]

1 Briefly describe the organization's mission:

THE HUMAN SERVICES COUNCIL CREATES AND FOSTERS PROGRAMS THAT EDUCATE, SAFEGUARD AND EMPOWER THE PEOPLE OF OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 524,536. including grants of \$ ) (Revenue \$ 130,025.)

SCHOOL BASED HEALTH CENTERS PROVIDE QUALITY HEALTH CARE FOR HIGH SCHOOL STUDENTS. IMPROVE OVERALL HEALTH OF STUDENTS TO MAXIMIZE THEIR EDUCATIONAL EXPERIENCE AND POTENTIAL. THIS PROGRAM SERVED APPROXIMATELY 990 STUDENTS, TOTALING 5,380 GROUP VISITS, DURING THE FISCAL YEAR 2018-2019.

4b (Code ) (Expenses \$ 443,322. including grants of \$ ) (Revenue \$ 408,512.)

HOUSING: 40 SOUTH MAIN PROVIDES STABLE, SAFE AND QUALITY HOUSING FOR TENANTS TO ADVANCE AND ACHIEVE INDEPENDENCE AND WHO WOULD OTHERWISE BE HOMELESS OR AT-RISK OF HOMELESSNESS. RESIDENTS MAY ACCESS SERVICES RELATING TO MEDICAL CARE, NUTRITION, EMPLOYMENT AND EDUCATION SUCH AS SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), GED AND LITERACY PROGRAMS, EMPLOYMENT SEARCH SUPPORT, ACCESS TO MEDICAL CARE AND NEEDED MEDICATIONS, COMMUNITY ROOM AND COURTYARD FOR HOLIDAY CELEBRATIONS AND TENANT EVENTS.

4c (Code ) (Expenses \$ 158,355. including grants of \$ ) (Revenue \$ 142,814.)

HSC COMMUNITY SERVICES CENTER: THE C.S.S WILL PROVIDE AN OPPORTUNITY FOR AGENCIES TO INCREASE THEIR EFFICIENCY AND BETTER SERVE THE COMMUNITY WHILE ADDRESSING INCREASING RENT AND OVERHEAD EXPENSES IN AN EFFECTIVE MANNER.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 726,263. including grants of \$ ) (Revenue \$ 265,990.)

4e Total program service expenses 1,852,476.



**HEATING & AIR CONDITIONING  
SALES - SERVICE - INSTALLATION - AUTOMATION**

License #: HTG.0303791-S1

125 Robert Jackson Way, Unit A - Plainville, CT 06062

Phone: (860) 846-0735 - Fax: (860) 846-0739

www.p-temp.com

CLIENT	PROPOSAL	
Name: FORTY SOUTH MAIN ST, LP	Date: 4/10/2018	Proposal #: 3603
Attn: THOMAS / LATOYA / KIM	Email:	
Address: 40 SOUTH MAIN STREET NORWALK, CT 06854	Job Name: BOILER ROOM UPGRADES	
Phone: (203) 604-1125	Job Location: SAME	
	Fax: (203) 854-9444	

**PERFECTEMP INC. WILL PROVIDE AND/OR INSTALL THE FOLLOWING:**

\* SCOPE: REPLACEMENT OF HOT WATER HEATER, COMBUSTION LOUVERS AND MIXING VALVE

- ~ ISOLATE, DRAIN DOWN, DISCONNECT AND REMOVE EQUIPMENT FROM THE SITE
- ~ (1) AO SMITH MODEL GWH750N WATER HEATER
- ~ (1) LEONARD MIXING VALVE MODEL LV982-LF
- ~ (2) RUSKIN MODEL ELC445D COMBUSTION AIR LOUVER WITH MOTORIZED DAMPERS WITH ACT.
- ~ ALL NECESSARY PIPE, VALVES, AND FITTINGS LOCAL TO THE EQUIPMENT
- ~ ALL NECESSARY WIRING LOCAL TO THE EQUIPMENT
- ~ NEW FLUE OVER TO THE BREECHING
- ~ RIGGING
- ~ START AND TEST ALL EQUIPMENT
- ~ INSURANCES INCLUDED

**Note: Any work required outside of this proposal will be quoted separately**

<b>EXCLUDE:</b>	FREIGHT TAXES PERMITS	<b>ADD:</b> N/A
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**WARRANTIES:** Extended warranties available upon request  
MANUFACTURER'S ON EQUIPMENT  
1 YEAR LABOR

**TERMS:**  
PROGRESSIVE PAYMENTS

**TOTAL JOB COST FOR PROPOSAL:  
BUDGET \$27,687.00**

Quote Valid for 30 days  
**SATISFACTION GUARANTEED**

\_\_\_\_\_  
Authorized Signature

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**HEATING & AIR CONDITIONING  
SALES - SERVICE - INSTALLATION - AUTOMATION**

License #: HTG.0303791-51

125 Robert Jackson Way, Unit A - Plainville, CT 06062

Phone: (860) 846-0735 - Fax: (860) 846-0739

www.p-temp.com

CLIENT	PROPOSAL	
Name: FORTY SOUTH MAIN ST, LP	Date: 4/10/2018	Proposal #: 3604
Attn: THOMAS / LATOYA / KIM	Email:	
Address: 40 SOUTH MAIN STREET NORWALK, CT 06854	Job Name: REPLACE MAKE UP AIR UNIT	
	Job Location: SAME	
Phone: (203) 604-1125	Fax: (203) 854-9444	

**PERFECTEMP INC. WILL PROVIDE AND/OR INSTALL THE FOLLOWING:**

\* SCOPE: REPLACEMENT OF MAKE UP AIR UNIT ON THE ROOF

- ~ DISCONNECT AND REMOVE EQUIPMENT FROM THE SITE
- ~ ( 1 ) TRANE MODEL GRCA30GCKFO GAS FIRED MAKE UP AIR UNIT
- ~ ALL NECESSARY GAS PIPE , VALVES , AND FITTINGS LOCAL TO THE EQUIPMENT
- ~ ALL NECESSARY WIRING LOCAL TO THE EQUIPMENT
- ~ NEW FLUE
- ~ RIGGING
- ~ START AND TEST ALL EQUIPMENT
- ~ FREIGHT AND INSURANCES INCLUDED

*Note: Any work required outside of this proposal will be quoted separately*

**EXCLUDE:**

TAXES  
PERMITS

**ADD:**  
N/A

**WARRANTIES:** Extended warranties available upon request  
MANUFACTURER'S ON EQUIPMENT  
1 YEAR LABOR

**TERMS:**  
PROGRESSIVE PAYMENTS

**TOTAL JOB COST FOR PROPOSAL:**  
**BUDGET \$23,588.00**

Quote Valid for 30 days  
**SATISFACTION GUARANTEED**

\_\_\_\_\_  
Authorized Signature

①





**HEATING & AIR CONDITIONING**  
**SALES - SERVICE - INSTALLATION - AUTOMATION**

License #: HTG.0303791-S1

125 Robert Jackson Way, Unit A - Plainville, CT 06062

Phone: (860) 846-0735 - Fax: (860) 846-0739

www.p-temp.com

CLIENT	PROPOSAL	
Name: FORTY SOUTH MAIN ST, LP	Date: 4/10/2018	Proposal #: 3605
Attn: THOMAS / LATOYA / KIM	Email:	
Address: 40 SOUTH MAIN STREET NORWALK, CT 06854	Job Name: REPL. (2) CAB. UNIT HEATERS	
Phone: (203) 604-1125	Job Location: SAME	
	Fax: (203) 854-9444	

**PERFECTEMP INC. WILL PROVIDE AND/OR INSTALL THE FOLLOWING:**

\* SCOPE: REPLACEMENT OF TWO CABINET UNIT HEATERS

- ~ DISCONNECT AND REMOVE EQUIPMENT FROM THE SITE
- ~ ( 2 ) MODINE MODEL CW00396ALLR150S00 CABINET UNIT HEATERS
- ~ ALL NECESSARY PIPE , VALVES , AND FITTINGS LOCAL TO THE EQUIPMENT
- ~ ALL NECESSARY WIRING LOCAL TO THE EQUIPMENT
- ~ REUSE THE CONTROLS
- ~ RIGGING
- ~ START AND TEST ALL EQUIPMENT
- ~ FREIGHT AND INSURANCES INCLUDED

*Note: Any work required outside of this proposal will be quoted separately*

**EXCLUDE:**

TAXES  
PERMITS

**ADD:**

N/A

**WARRANTIES:** Extended warranties available upon request  
 MANUFACTURER'S ON EQUIPMENT  
 1 YEAR LABOR

**TERMS:**  
 PROGRESSIVE PAYMENTS

**TOTAL JOB COST FOR PROPOSAL:**  
**BUDGET \$7,763.00**

Quote Valid for 30 days  
**SATISFACTION GUARANTEED**

\_\_\_\_\_  
 Authorized Signature



**HEATING & AIR CONDITIONING  
SALES - SERVICE - INSTALLATION - AUTOMATION**

License #: HTG.0303791-51

125 Robert Jackson Way, Unit A - Plainville, CT 06062

Phone: (860) 846-0735 - Fax: (860) 846-0739

www.p-temp.com

CLIENT	PROPOSAL	
Name: FORTY SOUTH MAIN ST, LP	Date: 4/10/2018	Proposal #: 3606
Attn: THOMAS / LATOYA / KIM	Email:	
Address: 40 SOUTH MAIN STREET NORWALK, CT 06854	Job Name: REPLACE ONE TWO ZONE A/C	
Phone: (203) 604-1125	Job Location: SAME	
	Fax: (203) 854-9444	

**PERFECTEMP INC. WILL PROVIDE AND/OR INSTALL THE FOLLOWING:**

\* SCOPE: REPLACEMENT OF (1) TWO ZONE DUCLESS SYSTEM

- ~ RECLAIM THE GAS , DISCONNECT AND REMOVE EQUIPMENT FROM THE SITE
- ~ (1) PANASONIC MODELRE18SKUA WITH (2) MATCHING WALL HUNG 9K BTU UNITS
- ~ ALL NECESSARY A/C AND CONDENSATE PIPING
- ~ ALL NECESSARY WIRING LOCAL TO THE EQUIPMENT
- ~ RIGGING
- ~ START AND TEST ALL EQUIPMENT
- ~ FREIGHT AND INSURANCES INCLUDED

*Note: Any work required outside of this proposal will be quoted separately*

<b>EXCLUDE:</b>	<b>ADD:</b>
CUTTING & PATCHING	N/A
TAXES PERMITS	
<b>WARRANTIES:</b> MANUFACTURER'S ON EQUIPMENT 1 YEAR LABOR	<b>Extended warranties available upon request</b>
<b>TERMS:</b> PROGRESSIVE PAYMENTS	<b>TOTAL JOB COST FOR PROPOSAL: <u>BUDGET \$8,959.00</u></b>
Quote Valid for 30 days <b>SATISFACTION GUARANTEED</b>	_____ Authorized Signature

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**ELECK & SALVATO**  
ELECTRIC, INC.  
FOUR FITCH STREET  
EAST NORWALK, CT 06855  
PHONE (203) 838-1900 FAX (203) 854-0470

**Proposal**

#1830rev-1

40 South Main Norwalk LLC  
40 South Main Street  
Norwalk, CT 06854

April 12, 2018

RE: led conversion

Eleck & Salvato Electric, Inc. is pleased to present you with our proposal to furnish labor, material, and equipment to replace existing lighting to led lighting.

We propose hereby to furnish material and labor - complete in accordance with the specifications below for the sum of:

Twenty-Seven Thousand One Hundred Sixty-Five and 00/100 dollars..... (\$27,165.00)

**Includes:**

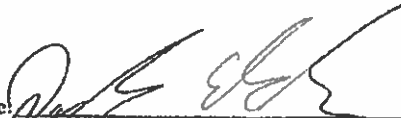
- 95 Surface lights in apartments..... \$10,850.00
- 100 t-8 strip fixtures.....\$14,100.00
- 30 recessed can lights.....\$2,215.00

Payment to be made as follows:

**30% before start of work, Balance due upon completion.**

All material is guaranteed to be as specified. All work to be completed in a professional manner. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Authorized Signature:



Douglas Eleck VP Eleck and Salvato Electric Inc.

Date:

4-12-18

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal - The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature: \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

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