



Municipality: 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: _____
The Open Door Shelter, Inc. (dba Open Doors)

Address: 4 Merritt Street, Norwalk, CT 06854

Federal Employer Identification Number: 22-2536909

Program title: Energy Efficient Windows

Name of contact person: Michele Conderino

Telephone number: 203 866 1057

Email address: mconderino@opendoorshelter.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 40,000

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: _____

Open Doors is requesting funds to improve the safety and energy efficiency of supportive housing units for homeless families by replacing the windows at 125.5, 127 and 139 South Main Street in South Norwalk. This project includes replacing 33 old single-pane windows with energy-efficient Anderson vinyl replacement windows, as well as the installation of foam insulation, stop moulding and paint.

Need for program: _____

These three properties house nine supportive housing units for homeless families exiting Open Doors' emergency shelter. Open Doors currently operates 54 units of supportive and affordable housing in South Norwalk. Open Doors partners to end chronic homelessness and has maintained a 95% retention rate of individuals in supportive housing which reduces the overall cost of homeless services in the community.

Neighborhood area to be served: South Norwalk, CT

Plan to implement the program: All replacements will be completed between 9/1/20 and 12/31/20.

Timetable:

Program start date: 9/1/20_____

Program completion date: 12/31/20_____

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 \$40,000

Other funding sources - itemized sources:

a) CDBG \$37,000

b) _____

c) _____

d) _____

Total Funding: \$77,000

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Project supervision \$40,000

b) Windows/installation \$37,000

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$77,000

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 obo City of Norwalk
Mailing address: _____ 3 Belden Avenue, Norwalk, CT 06850
Name of municipal liaison: _____ Lori Ellyn Guttman, Director of Community Development Planning
Telephone number: _____ 203-854-7810 x46781
Fax number: _____
Email address: _____ lguttman@norwalkct.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

2018

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

B Check if applicable: C Name of organization THE OPEN DOOR SHELTER, INC. D Employer identification number 22-2536909 E Telephone number (203) 866-1057 F Name and address of principal officer: MICHELE CONDERINO 4 MERRITT STREET, NORWALK, CT 06854 G Gross receipts \$ 4,950,111. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 J Website: WWW.OPENDOORSHELTER.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: CT

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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 MICHELE CONDERINO EXECUTIVE DIRECTOR Date 02/12/2020

Paid Preparer Use Only Print/Type preparer's name HEATHER L SMITH-JASER CPA Preparer's signature Date 02/12/2020 Check self-employed if PTIN P00836752 Firm's name PKF O'CONNOR DAVIES LLP Firm's EIN 27-1728945 Firm's address FOUR CORPORATE DR. SUITE 488 SHELTON, CT 06484 Phone no. 203-929-3535

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)