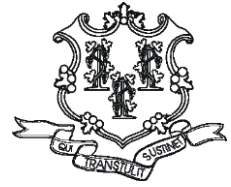


Print Form

Reset Form



Municipality: Norwalk, CT

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: _____
STAR, INC., LIGHTING THE WAY

Address: 182 WOLFPIT AVENUE, NORWALK, CT 06851

Federal Employer Identification Number: 06-0726489

Program title: SMART HOME SHOWCASE FOR PEOPLE WITH DISABILITIES

Name of contact person: PETER SAVERINE

Telephone number: (203) 912-8818

Email address: PSAVERINE@STARCT.ORG

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,500.00

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): _____

Description of program: _____

Install Smart Home Technology in STAR group home on Wolfpit Avenue to benefit neighbors with disabilities and serve as local showcase for parents, caregivers, schools and individuals to foster independence, accessibility, safety, communication and efficiency. Areas of concentration: Security, egress, bathroom and bedroom safety, lighting, water leak detection, HVAC, kitchen utility and safety, audio/video sharing, energy monitoring.

Need for program: _____

A technology revolution is changing the way we live. For people with disabilities, assistive technology, artificial intelligence, and adaptive equipment are opening doors for inclusion, autonomy and independence. STAR is committed to providing innovative solutions to improve lives, increase safety and accessibility, and to leverage resources to achieve the greatest efficiencies without sacrificing our trademark personalized service. New technology offers greater comfort, security, safety, accessibility and energy-saving efficiencies.

Neighborhood area to be served: _____

STAR Center is located at 182 Wolfpit Avenue, Norwalk, CT and serves people of all ages who have intellectual and developmental disabilities (Down syndrome, autism, etc.) and their families throughout the greater Norwalk area. The group home designated as a "showcase" for assistive technology and "Smart Home" features is on the same property. The improvements will not only benefit the residents of the house, but will serve as a real-life example to inspire hundreds of other local families on adaptations that can be made in their own homes or other living situations to improve safety, accessibility, monitoring, energy efficiencies and

Plan to implement the program: _____

STAR has had an ongoing series of consultations with architects and professional AT/Smart Home consultants to formulate customized plans for STAR group homes and personalized adaptations for the individuals who live in those homes. Most of the work proposed under this project would fall under maintenance, updates, or enhancements to the existing home/property that would be exempt from the need for special permits or permissions. In any instance that may require permit-appropriate installations or construction, i.e. possible electric wiring or plumbing work, STAR would engage a certified professional who

Timetable:

Program start date: January 2021 (or sooner Covid dep

Program completion date: June 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>\$24,500.00</u>
Other funding sources - itemized sources:	
a) <u>STAR FUNDRAISING</u>	<u>\$10,000.00</u>
b) <u>IN-KIND SERVICES AND DISCOUNTS</u>	<u>\$5,500.00</u>
c) _____	_____
d) _____	_____

Total Funding: \$40,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>MATERIALS, EQUIPMENT, INSTALLATION</u>	<u>\$24,500.00</u>
b) <u>SUBCONTRACT LABOR, PERMITS, PROF. SVCS</u>	<u>\$10,500.00</u>
c) <u>STAFF AND CLIENT TRAINING</u>	<u>\$5,000.00</u>
d) _____	_____

Administrative expenses - itemized description:	
a) <u>N/A</u>	<u>\$0.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$40,000.00

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: _____
3 Belden Avenue, Norwalk, CT 06850

Name of municipal liaison: Lori Ellyn Guttman, Director of Community Development

Telephone number: 203-854-7810 x46781

Fax number: _____

Email address: lguttman@norwalkct.org

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If **Yes**, date post-project review due:

Date

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017
Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 STAR, INC. - LIGHTING THE WAY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 182 WOLFPIT AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06851 F Name and address of principal officer: KATIE BANZHAF SAME AS C ABOVE	D Employer identification number 06-0726489 E Telephone number 203-846-9581 G Gross receipts \$ 13,648,059. 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) 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.STARCT.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: 1954
		M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE LIVING ARRANGEMENTS AND DAY PROGRAM SERVICES FOR		
	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	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 2017 (Part V, line 2a)	5	311
	6	Total number of volunteers (estimate if necessary)	6	726
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,284,656.
9		Program service revenue (Part VIII, line 2g)	11,448,731.	11,476,098.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	561,867.	19,555.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,065.	451,104.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,578,319.	13,403,423.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	9,380,271.	9,417,869.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 204,128.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,955,681.	2,998,862.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,335,952.	12,416,731.
	19	Revenue less expenses. Subtract line 18 from line 12	1,242,367.	986,692.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,387,264.	End of Year 6,580,245.
	21	Total liabilities (Part X, line 26)	1,430,164.	1,636,452.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,957,100.	4,943,793.

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 KATIE BANZHAF, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name PAUL BALLASY	Preparer's signature PAUL BALLASY	Date 05/14/19	Check if self-employed <input type="checkbox"/>	PTIN P00852868
	Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Firm's EIN ▶ 22-1478099 Phone no. 959-200-7000			

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