



Municipality: Town of Litchfield

Form NAA-01
2022 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: _____

Bantam Cinema & Arts Center

Address: 115 Bantam Lake Road, Bantam, CT 06750

Federal Employer Identification Number: 85-3849864

Program title: Minisplit air conditioning for projection booths

Name of contact person: Robert Kwalick

Telephone number: (860) 361-6066

Email address: executivedirector@bantamcinema.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 20,000.00

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): _____

Description of program: _____

Four portable air conditioners are currently being used to keep the temperature in each of the two projection booths at a safe operating temperature of under 75 degrees. These units run 24 hours a day, 7 days a week and are not energy efficient and in fact contribute to our very high monthly electric bill. Several contractors and the company that maintains our projection equipment have mentioned that the installation of minisplits would be a much more energy efficient way of regulating the temperature in the projection booths.

Need for program: _____

Bantam Cinema & Arts Center is currently spending significantly more money than is necessary on electricity, wasting precious resources, including funds contributing by our donors. The installation of energy efficient minisplit units would pay for itself over time in reduced electricity costs, freeing up grant, sponsorship, donated and earned revenue for other important projects, most importantly our ability to deliver on our mission.

Neighborhood area to be served: _____

Bantam Cinema & Arts Center serves Bantam, Litchfield, Morris, Washington, New Preston, Bethlehem, Torrington and patrons who travel from as far away as Massachusetts and New York to partake in our offerings. Visitors to the area staying in local B&B's and hotels also are served, regardless of where they come from.

Plan to implement the program: _____

These units will be installed by a qualified, professional, local HVAC company and brought into service as soon as possible so that the less efficient portable units can be retired.

Timetable:

Program start date: 7/1/22

Program completion date: 6/30/24

The program completion date must not be more than two years from the program start date. A certified post-project audit 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 \$20,000.00

Other funding sources - itemized sources:

- a) N/A
- b) _____
- c) _____
- d) _____

Total Funding: \$20,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

- a) Energy Efficient HVAC Equipment and Installation \$20,000.00
- b) _____
- c) _____
- d) _____

Administrative expenses - itemized description:

- a) _____
- b) _____
- c) _____
- d) _____

Total Proposed Expenditures: \$20,000.00

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:	_____
Town of Litchfield	_____
Mailing address:	_____
74 West St. PO Box 488 Litchfield, CT 06759	_____
Name of municipal liaison:	Denise Raap
Telephone number:	860-567-7550
Fax number:	860-567-7552
Email address:	1stselectman@townoflitchfield.org

<p>Post-Project Audit</p> <p>Is a post-project audit required for this proposal?</p> <p>Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, date post-project audit due:</p> <p>_____</p> <p>Date</p>
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2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *For Further Information* below.

Part I – General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II – Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Plan to implement the program: Describe how the program will operate. Identify other persons or organizations involved in the administration of the program.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III – Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program.

This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV – Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Audit: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program. This audit must be submitted to the municipality no later than three months after the program completion date.

For Further Information

Email inquiries to:

- NAAProgram@ct.gov

or call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- **860-297-5687**
- **860-297-4911** (TTY, TDD, and Text Telephone users **only**, let the 711 relay operator know the number you wish to call and the relay operator will dial it and then communicate using a TTY.)