



Municipality: Hampton

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: _____
Connecticut Audubon Society

Address: Project address: 93 Kenyon Road
Mailing Address: P.O. Box 11, Pomfret Center, CT 06259

Federal Employer Identification Number: 06-0653531

Program title: Energy Conservation Modifications to Facility

Name of contact person: Sarah Heminway

Telephone number: 860-928-4948

Email address: sheminway@ctaudubon.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 9,080

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: _____

The 1806 Cape, formerly the home of Edwin Way Teale, is significant as Teale was a famed conservationist and Pulitzer-prize winning author. As sole owner of the historic structure, CAS welcomes over 2000 visitors to the property annually, through public guided walks and tours, school programming, extended stays through our writer and artist in-residence program and community events. Developed in phases, phase one (2018) included roof replacement and chimney repairs, phase two (2019) was badly needed insulation and window repairs and phase 3 (2020) finishing storm window replacement.

Need for program: _____

The last two years of NAA support for the Teale home has been transformative. Formerly a drafty, uncomfortable and expensive space to heat, the building can almost be considered warm and cozy in the winter. These improvements have also made the house much easier to cool in the summers when it is occupied by artists in-residence. As a not-for-profit, we are striving to increase the energy efficiency of our buildings and reduce our annual operating costs. The NAA program is helping us do exactly that. Last year we received a portion of the 2019 authorized NAA funds for the storm windows. It is our hope we can complete the storm window replacement work this fall.

Neighborhood area to be served: _____

The Connecticut Audubon Society's Trail Wood: Edwin Way Teale Memorial Sanctuary serves the town of Hampton, the northeastern Connecticut region and beyond with a variety of nature writing, art and natural history programs as well as walking trails that are open free to the public, daily. Trail Wood is also considered a national and international destination for nature writers and photographers who wish to experience the Pulitzer-prize winner's beloved home and sanctuary first hand.

Plan to implement the program: _____

Timetable:

Program start date: September 15, 2020

Program completion date: April 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	\$9,080
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Window restoration 3 small x \$300/window</u>	<u>\$ 900</u>
b) <u>Window restoration, 1 large x \$500/window</u>	<u>\$ 500</u>
c) <u>Storm Window replcmnt \$500/storm instlld x 8 wndws</u>	<u>\$4,000</u>
d) <u>Two storm door replacements installed, \$1,000/door x 2 doors</u>	<u>\$2,000</u>

Administrative expenses - itemized description:

a) <u>Site Director, \$42/hr x 40 hrs. planning and coordination</u>	<u>\$1,680</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$9,080

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 Hampton

Mailing address: _____

P.O. Box 143, 164 Main Street, Hampton, CT 06247

Name of municipal liaison: Allan Cahill, First Selectman

Telephone number: 860-455-9132

Fax number: 860-455-0517

Email address: firstselectman@hamptonct.org

Post-Project Review

Is a post-project review required for this proposal?

Yes

No

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

Date