



WESTPORT

TOWN OF WESTPORT
REPRESENTATIVE TOWN MEETING
REPRESENTATIVE TOWN MEETING PACKET
JUNE 6, 2023
07:30 PM



TOWN OF WESTPORT

REPRESENTATIVE TOWN MEETING AGENDA

JUNE 6, 2023
07:30 PM

Agenda

All Representative Town Meeting members and inhabitants of the Town of Westport are hereby notified that a meeting of the Representative Town Meeting members will be held at Town Hall, 110 Myrtle Ave. in the auditorium on Tuesday June 6, 2023, at 7:30 p. m. for the purposes listed below. If necessary, the meeting shall reconvene on Tuesday, June 20, 2023, to deal with any agenda items not disposed of at the adjournment of the June 6, 2023 meeting.

Attachment: [Resolutions.pdf](#)

Item #1

To take such action as the meeting may determine, upon the recommendation of the RTM Library, Museum and Arts Committee, in accordance with Section C34-1 of the Town Charter, to appoint members to serve as trustees of the Westport Library.

Item #2

To take such action as the meeting may determine, upon the request of the Human Services Director, to approve applicants to the Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program pursuant to CGS 12-630aa et seq.

Attachment: [Neighborhood Assistance Act Program Request-Item _2.pdf](#)

Attachment: [RTM Health _ Human Services Committee Report- Item _2.pdf](#)

Item #3

To take such action as the meeting may determine, upon the recommendation of the Board of Finance and a request by the Director of Public Works, to approve an appropriation of \$473,000 to the Capital and Non-Recurring Account for the Hillspoint Road sidewalk replacement.

Attachment: [RTM Finance _ Public Works Committees Report- Item _3.pdf](#)

Item #4

To take such action as the meeting may determine, upon the request of the First Selectwoman, the Fire Chief, and the Fire Marshal, to adopt an amendment to Chapter 34 -- Fire Prevention and Protection, of the Town Code of Ordinances, adding Article III -- Fire Marshal Fee Schedule. (Second reading. Full text available in the Town Clerk's office.)

Attachment: [Fire Marshall Fee Schedule Ordinance DRAFT- Items _4 _5.pdf](#)

Item #5

To take such action as the meeting may determine, upon the request of the First Selectwoman, the Fire Chief, and the Fire Marshal, to adopt an amendment to Appendix C of the Town Code of Ordinances, adopting a fee for Fire Marshal review of construction documents in the amount of \$5 per \$1000 of estimated costs, for commercial buildings and residential buildings of three or more dwelling units. (Second reading. Full text available in the Town Clerk's office.)

Item #6

To take such action as the meeting may determine, upon the request of the First Selectwoman, to adopt a Fair Rent Commission Ordinance. (Second reading. Full text available in the Town Clerk's office.) **ITEM MOVED TO A FUTURE MEETING DATE**

General Attachments

[- Agenda Link](#)

Remote Attachment:

[Agenda Link \(https://www.westportc ... mponents/Calendar/Event/25183/745\)](https://www.westportct.gov/Home/Components/Calendar/Event/25183/745)
[\(https://www.westportct.gov/Home/Components/Calendar/Event/25183/745\)](https://www.westportct.gov/Home/Components/Calendar/Event/25183/745)

**RTM Meeting
June 6, 2023**

RESOLUTIONS

(1)

RESOLVED: That upon the recommendation of the RTM Library, Museum and Arts Committee, in accordance with Section C34-1 of the Town Charter, _____ and _____ are hereby appointed to serve as Trustees of the Westport Library for a four year term beginning July 1, 2023 to June 30, 2027 and Melissa Banks is hereby reappointed to serve as Trustee of the Westport Library for a four year term beginning July 1, 2023 to June 30, 2027.

(2)

RESOLVED: That upon the request of the Human Services Director, pursuant to CGS 12-630aa et seq; the Westport Historical Society; The Saugatuck Cooperative; The Westport Country Playhouse; The Parent Child Center and Homes with Hope, Inc. are hereby approved as programs eligible for investment by businesses under provisions of the 2023 Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program.

(3)

RESOLVED: That upon the recommendation of the Board of Finance and a request by the Director of Public Works, the sum of \$473,000 to the Capital and Non-Recurring Account for the Hillspoint Road sidewalk replacement is hereby appropriated.

(4)

RESOLVED: That upon the recommendation of the First Selectwoman, the Fire Chief, and the Fire Marshal, an amendment to Chapter 34 – Fire Prevention and Protection, of the Town Code of Ordinances, adding Article III – Fire Marshal Fee Schedule is hereby approved. (Second reading. Full text is as follows.)

TOWN OF WESTPORT CODE OF ORDINANCES

CHAPTER 34 – FIRE PREVENTION AND PROTECTION

NEW:

Article III – FIRE MARSHAL FEE SCHEDULE

Sec. 34-31 - Fee schedule for Fire Marshal duties. Pursuant to Connecticut State Regulation 29-291a-7a(g) and other applicable law, the Fire Marshal, with approval of the Representative

Town Meeting, shall adopt a fee schedule for certain prescribed duties in accordance with the Connecticut State Fire Prevention Code and the Connecticut State Fire Safety Code, and other applicable law, including without limit fees for construction document reviews, permits, certificates, notices, approvals, or orders.

Sec. 34-32 - Posting of fee schedule. The Fire Marshal shall post the fee schedule in the Office of the Fire Marshal, in public view, and on the Town's website. The fees shall also be set forth in Appendix C of the Town Code of Ordinances.

Sec. 34-33 - Exemption from fee liability. All municipal projects of the Town of Westport are and shall be exempted from liability for permit fees and may be issued permits and certificates of occupancy without charge therefor.

(5)

RESOLVED: That upon the recommendation of the First Selectwoman, the Fire Chief, and the Fire Marshal, an amendment to Appendix C of the Town Code of Ordinances, adopting a fee for Fire Marshal review of construction documents in the amount of \$5 per \$1000 of estimated costs, for commercial buildings and residential buildings of three or more dwelling units is hereby approved. (Second reading. Full text is as follows.)

NEW:

TOWN OF WESTPORT CODE OF ORDINANCES

APPENDIX C:

<i>Chapter 34. Fire Prevention and Protection</i>		
<u>34-31</u>	<u>Fire Marshal Fees:</u>	
	<u>Construction Document Reviews</u>	<u>The fee for the Fire Marshal's review of construction documents shall be based on the estimated cost of the project at the rate of Five Dollars (\$5.00) per One Thousand Dollars (\$1,000.00) or part thereof, said fees being assessed only for commercial buildings and for residential dwellings that include three (3) or more dwelling units.</u>

(6)


RESOLVED: ~~That upon the request of the First Selectwoman, a Fair Rent Commission Ordinance is hereby adopted. Second reading~~ **ITEM MOVED TO A FUTURE MEETING DATE**



WESTPORTSM
CONNECTICUT

Jennifer S. Tooker, First Selectwoman

TO: Jeff Wieser, RTM Moderator
Jeff Dunkerton, Town Clerk

FROM: Jennifer S. Tooker, First Selectwoman 

DATE: May 22, 2023

RE: RTM Approval for 2023 Neighborhood Assistance Act Program Proposal

Kindly place the request on the upcoming Representative Town Meeting agenda for legislative approval of the applications for the 2023 Neighborhood Assistance Act Program Proposal, as attached.

Thank you.

cc: E. Daignault


RECEIVED FOR RECORD
WESTPORT TOWN CLERK
2023 MAY 22 A 10:39


Town Hall • 110 Myrtle Avenue • Westport, CT 06880 • (203) 341-1111 • Fax (203) 341-1038
Email: selectwoman@westportct.gov • Website: www.westportct.gov



Department of Human Services

Town Hall, 110 Myrtle Avenue
Westport, CT 06880
Westportct.gov
humansrv@westportct.gov
Telephone (203) 341-1050

TO: Jennifer Tooker, First Selectwoman
FROM: Elaine Daignault, DHS Director 
DATE: May 19, 2023
RE: Items for the June 6, 2023 RTM Meeting

I respectfully request that the following items be placed on the June 6 RTM agenda for legislative approval, per CGS §Sec 12-630aa et.seq.:

The approval of the following Westport non-profit organization applications for the 2023 Neighborhood Act Tax Credit program:

- Westport Historical Society
- The Saugatuck Cooperative
- The Westport Country Playhouse
- The Parent Child Center
- Homes with Hope, Inc.

This NAA program is designed to provide funding for municipal, and tax-exempt organizations, by providing a corporation business tax credit for businesses that make cash contributions to these non-profit organizations.

This program allows businesses to claim a State tax credit for cash contributions made to qualifying community programs conducted by tax exempt or municipal agencies.

Attachments

cc: Eileen Flug, Assistant Town Attorney
Jeff Dunkerton, Town Clerk

Human Services Commission | Commission for Senior Services | Youth Commission |
Commission on People with Disabilities

Department of Revenue Services
State of Connecticut
(Rev. 02/23)

[Print Form](#)

[Reset Form](#)



Municipality: Westport

Form NAA-01
2023 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: Westport Historical Society, Inc. D/B/A Westport Museum for History & Culture

Address:

25 Avery Place Westport CT 06880

Federal Employer Identification Number: 23-7402125

Program title: Free Tuition for Educational Programming In the form of history school year vacation and summer camps for children from under-resourced or moderate income backgrounds whose parents work in Westport and live in other municipalities.

Name of contact person: Ramin Ganeshram, Executive Director

Telephone number: 203-222-1424

Email address: executivedirector@westporthistory.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ \$17,950

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.

Visit us at portal.ct.gov/DRS for more information.

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): Educational school vacation and summer camps.

Description of program: This program creates history and humanities-based school vacation and summer camps for children aged 5 through 12. The funding will be used to cover tuition costs and lunch program for kids from under-resourced backgrounds as identified through a) local Health and Human services agencies b) application with tax return info to the Museum. The program offers engaging ways for kids to learn about history and civics that is fun and exciting. Camp programs offered in previous years provided activities for kids during school breaks, holidays and the summer that allow working parents a safe and enriching environment for their children.

Need for program: Although a largely affluent town, there are Westporters who need assistance for summer activities for their children so they can continue to work. Many of those who work in retail in downtown Westport where the Museum is located find themselves in need of a camp program during school holidays and summer vacations that is close by to their place of work and reasonably priced and/or subsidized. Many of those who provide service work in Westport live outside of the town and take public transportation to work, making it difficult to manage their school age children's free time when school is not in session. The Museum would like to offer these and other families in need the opportunity to attend camps at our safe, location close by their places of work and that are managed by certified educators.

Neighborhood area to be served: Westport residents via Health & Human Services and Bridgeport, CT and Norwalk, CT, through local retail and service workers who work in downtown Westport.

Plan to implement the program: The program has been created by Museum staff over the course of the Fall of 2022 to begin implementation during summer holidays in 2023 and 2024. The program will introduce young people to American history and civics using local history as an example and feature games, art projects, walking tours, and activities that bring history to life in a fun and engaging way.

Timetable:

Program start date: 07-01-2023
MM - DD - YYYY

Program completion date: 09-01-2024
MM - DD - YYYY

Post-project audit due date: 11-01-2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
 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, no later than three months after the program completion date.

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) Sponsorships from local businesses _____

b) Fundraising among individual donors _____

c) Will request support from Health & Human Services of Westport _____

d) State and local grants _____

Total Funding: _____

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) Camp educators for 4 week-long camps; and 5 day camps 190 hours @ \$40 per hour = \$7600

b) Teaching assistants for 4 week-long camps; and 5 day camps 190 hours \$25 per hour = \$4750

c) Free lunch and snacks as needed \$1000

d) Art, craft, and other program supplies \$500

Administrative expenses - itemized description:

a) Program creation and management by Programs Director for 5 day camp and 4 summer camps varied by age 80 hours at \$35 per hour \$2800

b) Program materials design; marketing designs, materials for use in camp Design, 40 hours at \$20 per hour \$800

c) Marketing materials and radio ad Advertising flyers and radio ad \$1100

d) _____

Total Proposed Expenditures: \$18450

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: _____ Department of Human Services, Town of Westport
Mailing address: _____ 110 Myrtle Avenue, Westport, CT 06880
Name of municipal liaison: Elaine Daignault, Director
Telephone number: 203-341-1050
Fax number: 203-341-1073
Email address: edaignault@westportct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">n/a Date</p>
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0232090 11/07/2022 11:08 AM

Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Westport Historical Society Inc

D Employer identification number
23-7402125

E Telephone number
203-222-1424

G Gross receipts **935,334**

F Name and address of principal officer:
Ramin Ganeshram
25 Avery Place
Westport CT 06880

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **westporthistory.org** **H(e) Group exemption number** _____

K Form of organization: Corporation Trust Association Other **L Year of formation:** **1889** **M State of legal domicile:** **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Inspire holistic discovery of Westport history, inclusive of its collective heritage

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **5**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **5**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5** **6**

6 Total number of volunteers (estimate if necessary) **6** **25**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	687,702	497,593
9 Program service revenue (Part VIII, line 2g)	17,232	19,255
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	-40,649
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,086	3,574
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	706,030	479,773
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
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	328,614	317,768
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	37,739	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	163,630	175,200
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	492,244	492,968
19 Revenue less expenses. Subtract line 18 from line 12	213,786	-13,195
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,812,356	1,967,777
21 Total liabilities (Part X, line 26)	2,961	56,745
22 Net assets or fund balances. Subtract line 21 from line 20	1,809,395	1,911,032

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: **Ramin Ganeshram** Date: _____
 Executive Director

Paid Preparer Use Only

Print/Type preparer's name: **Kenneth A. Kron, CPA** Preparer's signature: **Kenneth A. Kron, CPA** Date: **11/07/22** Check self-employed if PTIN **P00412073**

Firm's name: **Mahoney Sabol & Company, LLP** Firm's EIN: **06-1289571**

Firm's address: **180 Glastonbury Blvd Ste 400 Glastonbury, CT 06033-4439** Phone no.: **860-541-2000**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Department of Revenue Services
State of Connecticut
(Rev. 02/23)



Municipality: WESTPORT, CT

Form NAA-01
2023 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 SAUGATUCK COOPERATIVE - SENIOR (62+) AFFORDABLE NON-PROFIT HOUSING

Address: 35 BRIDGE ST WESTPORT CT 06880

Federal Employer Identification Number: 06-1462004

Program title: SENIOR HOUSING - HVAC INFRASTRUCTURE REPAIR / REPLACEMENT

Name of contact person: GEORGE COLICH - TREASURER - THE SAUGATUCK

Telephone number: 214 - 725 - 5935 203-226-9784

Email address: georgecollich@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 50,000
(Estimated \$300K required over next 5 years)

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.

Visit us at portal.ct.gov/DRS for more information.

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): AFFORDABLE SENIOR Non-PROFIT HOUSING
(see HUD REQUIREMENTS)

Description of program:

NON PROFIT TAX-EXEMPT AFFORDABLE SENIOR HOUSING COOPERATIVE

Need for program: SEVERE LACK OF AFFORDABLE LOW TO MODERATE SENIOR HOUSING EXACTLY. Former 94 year old elementary school converted to senior affordable housing 29 years ago. HVAC Equipment is reaching project end of life

Neighborhood area to be served: Saugituck Neighborhood-Westport CT

Plan to implement the program: Replace Building Heating + AC systems in phases as systems reach end of life. See ENGINEER spreadsheet. First systems to replace are AC Compressors + supporting equipment for common areas.

Timetable:

Program start date: when funds become available
 Program completion date: 18-24 months after start date
 Post-project audit due date: _____

The program start date must not be more than two years prior to the program completion date.
 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, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>(for 2023)</u>	<u>50,000</u>
Other funding sources - itemized sources:		
a)	<u>NONE</u>	<u>0-</u>
b)	_____	_____
c)	_____	_____
d)	_____	_____

Total Funding:

50,000
(1st phase)

Proposed Program Expenditures:

Direct operating expenses - itemized description:		
a)	<u>Replace non-functioning + AGING AC equipment in phases - 1st phase</u>	} <u>50,000 - 1st phase</u>
b)	_____	
c)	<u>Replace Building Heating Equipment - 1st PHASE</u>	
d)	_____	
Administrative expenses - itemized description:		
a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____

Total Proposed Expenditures:

phase 1 50,000

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: _____ Department of Human Services, Town of Westport
Mailing address: _____ 110 Myrtle Avenue, Westport, CT 06880
Name of municipal liaison: Elaine Daignault, Director
Telephone number: 203-341-1050
Fax number: 203-341-1073
Email address: edaignault@westportct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><small>when funds avail 18 -24 mths Sep 2025</small></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

Form 990 **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
2020
Open to Public Inspection

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 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE SAUGATUCK COOPERATIVE, INC.
C/O THE PROPERTY GROUP OF CT
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
25 CRESCENT STREET
 City or town, state or province, country, and ZIP or foreign postal code
STAMFORD, CT 06906

D Employer identification number
06-1462004

E Telephone number
(203) 226-1570

G Gross receipts \$ **298,973.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

F Name and address of principal officer: **JOHANNA STRACZEK**
SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1996** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE HOUSING ON A HOMEOWNERSHIP BASIS FOR THE LOW INCOME AND NEEDY ELDERLY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 / 7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 / 7
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 / 1
	6	Total number of volunteers (estimate if necessary)	6 / 7
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a / 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b / 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 0. / Current Year: 0.
	9	Program service revenue (Part VIII, line 2g)	354,679. / 298,575.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,936. / 398.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. / 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	358,615. / 298,973.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	36,564. / 39,066.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. / 0.
b		Total fundraising expenses (Part IX, column (D), line 25)	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	359,705. / 382,504.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	396,269. / 421,570.
19	Revenue less expenses. Subtract line 18 from line 12	-37,654. / -122,597.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,288,224. / End of Year: 3,163,321.
	21	Total liabilities (Part X, line 26)	10,932. / 8,626.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,277,292. / 3,154,695.

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: **JOHANNA STRACZEK, TREASURER** Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JOHN F ONOFRIO CPA** Preparer's signature: **JOHN F ONOFRIO CPA** Date: **11/10/21** Check if self-employed PTIN: **P00012572**
 Firm's name: **KIRCALDIE RANDALL & MCNAB LLC** Firm's EIN: **06-0415530**
 Firm's address: **605 WASHINGTON AVENUE NORTH HAVEN, CT 06473-1187** Phone no.: **(203) 239-4478**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

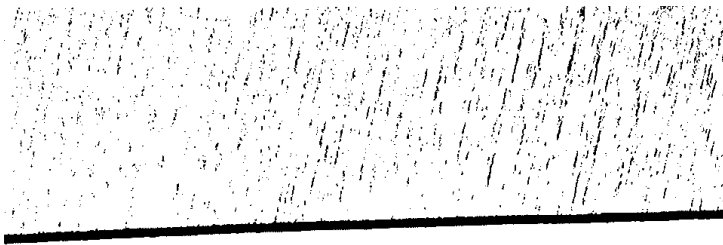
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

**PROJECTED SAUGATUCK COOP INFRASTRUCTURE
REPLACEMENT / REPAIRS REQUIREMENTS OVER
NEXT FIVE TO TEN YEARS**

AS OF AUGUST 2021

Boilers - Replacement of Ten (10) Original Boilers, Heat Pumps, Motors	\$200,000
External Masonry Walls - Inspections and Repairs	\$50,000
Asphalt Pavement - Milling and Overlay - Road, Parking Lots, Sidewalk Replacements	\$100,000
Air Handling Units / Condensers for Common Areas	\$80,000
Elevator(s) Component Replacement	\$100,000
Emergency Generator Replacement	\$93,000

TOTAL PROJECTED COSTS FOR MAJOR INFRASTRUCTURE REPLACEMENT / REPAIRS COVERING NEXT FIVE YEARS	\$623,000
--	------------------



INTRODUCTION

THE SAUGATUCK CONCEPT

The Saugatuck is a senior residential cooperative in Westport, Connecticut that consists of 36 Units, 19 of which have two bedrooms and 17 of which have one bedroom. The Units and facility are unique as they were designed in the vacant, former Saugatuck Elementary School. The use of the former school in this manner has returned the landmark building to a vital part of the Saugatuck neighborhood and provides affordable housing for seniors.

The Town of Westport continues to own the land and holds a 99-year lease on the property, but the Cooperative owns the building. Members at the time of purchase must be at least 62 years of age, be able to live independently (How is that defined?), and their income must be below the Connecticut Housing Finance Authority's guidelines for homeowners at 80% of area median income. An exception is made for married couples, in that only one of the individuals must be at least 62 years of age at purchase. In an effort to ensure that Units remain affordable into the future, their resale price is linked to the average increase in income for individuals living in the area.

In 1993 the Town of Westport contracted with New Samaritan Development Corporation, a non-profit entity with statewide experience in housing for seniors, to develop the property as a cooperative under a committee of the Town. Funding for construction was provided at reduced rates by the Connecticut Housing Finance Authority and the Housing Development Fund of Lower Fairfield County under their regulations.

The organization of The Saugatuck as a cooperative assumes the goodwill of all Members and a desire to show consideration to each other and to promote the common good. All Members are encouraged to conduct themselves in a manner that promotes a spirit of mutual respect, democracy, and fairness.

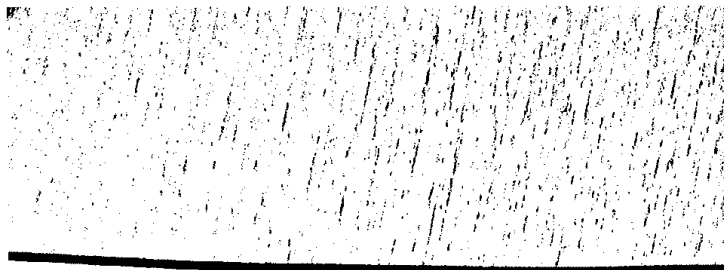
THE EXECUTIVE BOARD

The Executive Board of The Saugatuck sets policies and conducts its business in conformance with the basic documents found in the Public Offering Statement (known to Members as "The Red Book"), including the Declaration, By-laws, and Rules and Regulations, as may be revised or amended from time to time. *

Board meetings are held in the Community Room at the discretion of the Board. Meeting dates are posted in the mailroom, and the Board is responsible for the agenda. Items generally include the Superintendent's Report, Minutes, Financial Report, Management Report, Member Comment, (during which time Members may speak about their concerns regarding the Membership at large), Committee Reports, Old Business, and New Business. Prior to the meeting, the agenda is posted on the bulletin board in the mailroom, as are the minutes of the previous meeting. The Annual Membership Meeting is held in June.

Included on the Board of Directors are five Members who are elected by the full membership, one appointed representative of New Samaritan Development Corporation, and one appointed representative of the Town of Westport. Each elected Director has a three-year term on a rotating basis, and each year the Board elects its own officers. In years 1 and 2, two Directors are elected, and in year 3, one Director is elected. If an elected Director leaves





THE SAUGATUCK

Common Interest Community

PUBLIC OFFERING STATEMENT

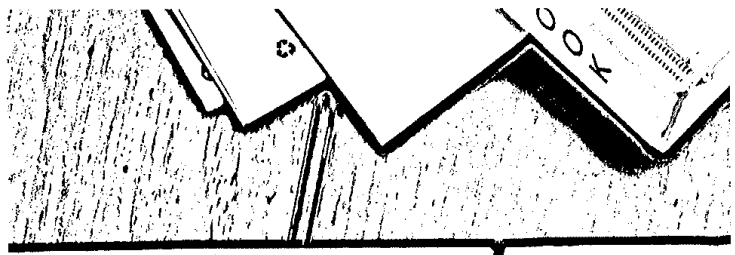
Introduction

Set back on a rise on Bridge Street is the classic brick and slate building, the former Saugatuck Elementary School, with a lawn that slopes gracefully to the street. This handsome structure no longer houses laughing, chattering youngsters containing their energies concentrate on reading and math. When the Town and the neighborhood focused on what to do with the beautiful, but empty, school the idea of a residence for seniors was born.

After considerable planning the Town chose the New Samaritan Development Corporation, a non-profit corporation, (the "Declarant") to establish a cooperative to serve persons or couples of low and moderate income at least one of whom was over the age of 62. The Declarant is an affiliate of New Samaritan Corporation, a non-profit housing development corporation established in 1970 by the United Church of Christ to create housing options for persons not served by the open market. New Samaritan Corporation has successfully developed more than 1200 units across the state of Connecticut. Through its related non-profit management firm it continues to assure a high quality of service to the residents and the housing as the communities continue over the years.

The Declarant has established a Westport Advisory Board to provide local input and to maintain the local character and desires for The Saugatuck. With concern for the physical design and preferences of the future resident/owners of The Saugatuck, the Declarant has planned a cooperative living environment that will allow flexibility and sensitivity to the particular needs of the resident/owners. The charm of the building will be preserved in its colonial brick, cupolas, slate roof, and open landscape. The layout of the building provides good size units with ample light, a wide variety of unit sizes and configurations to choose from some with high ceilings, some standard, some with two bedrooms, some with two floors. The units are basically adaptable for most physical handicaps. The exterior will be enhanced by new landscaping, space for gardening by resident/owners, walking paths, and parking. Independent, balanced with security and economy is the underlying plan for the staffing and maintenance design.





The Units are designed for active persons who are ambulatory and of sufficiently good physical and mental health, to attend to all of their personal needs without assistance from the cooperative's management staff. The community is not designed or licensed to provide service or care that is provided in a licensed health care facility. Resident/owners may, of course, contract for their own assistance at their own cost as long as their disability does not impact on the health and welfare of the other resident/owners.

Residency is limited to households of one or two persons, one of whom shall have reached the age of 62. The other, in order to provide for live-in care-givers, spouses, and other family members may be less than 62 but no less than 21 years of age. In all cases, the unit must be the principal residence of the Owner(s).

The corporation has been designed to keep the community open to low and moderate income persons. The Declarant acquired the school buildings from the town and leased the surrounding land for 99 years, at a nominal ground rental of \$1.00 per year ("Land Lease"). The Cooperative and unit owners will of course be responsible for property maintenance. This low rent allows the units to be sold at a lower price. By the Ground lease, the Town and the Declarant have also restricted the resale price on the Units to an amount equal to the original price multiplied by the increase in the HUD Area Median income plus reimbursement for approved capital improvements to the unit. Also, unit owners who sell are required to pay one-third of any permitted appreciation to the Association. It is anticipated that the Association will exercise this right on behalf of a waiting list of persons, qualified in the same manner as the original purchasers. This appreciation restriction continues to make the units available to the same low and moderate income persons throughout the life of the cooperative while allowing for some personal appreciation. The restriction on appreciation is discussed in more detail in section 14. The qualifications for resale continue to be restricted to low and moderate income persons as defined by Connecticut Housing Finance Authority guidelines and for households in which there is one person at least 62. Payments of the portion of the appreciation to the Association will fund the Association reserve accounts.

Regular assessments (Common Expenses) as provided in the annual budget will be based on a fraction that derives from the original price of the unit. This fee covers the maintenance of the physical and grounds, by cleaning, repairs, and replacement, the financial management of the cooperative, and resident/owner services as determined by the cooperative. There may be optional services, functions, and materials available to resident/owners, such as Unit cleaning or trips, that will be billed and paid by the resident/owner who participates. Any health care and therapy will be arranged directly with, provided by, and paid to outside health care providers by the resident/owner who so contracts.

The Common Interest Ownership Act (CIOA) in Connecticut provided a wide choice of flexible options for ownership and community style including cooperative and condominium. The cooperative form was chosen by the Declarant because it allows for maximum control and joint economy. The Association will own the building and each Owner hold stock in the association, as well as an interest in his or her unit. The Association is made up of Unit Owners and their representative Executive Board will have responsibility for the standards and oversight of the professional management services. All of the complex legal relationships are described in the pages that follow.



Department of Revenue Services
State of Connecticut
(Rev. 02/23)



Municipality: Westport

Form NAA-01

2023 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: _____
Westport Country Playhouse

Address: _____
25 Powers Court, Westport, CT 06880

Federal Employer Identification Number: 23-7357943

Program title: Upgrade parking lot lights and interior lights in the Playhouse to energy-saving LED lights

Name of contact person: Michele Crowley

Telephone number: (203) 571-1284

Email address: mcrowley@westportplayhouse.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 11,680.00

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.

Visit us at portal.ct.gov/DRS for more information.

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: _____

Westport Country Playhouse wants to upgrade its parking lot lights to energy saving LED lighting as follows:

- Retrofit four (4) single head light poles
 - Retrofit fourteen (14) double head light poles
 - Retrofit thirteen (13) bollards? Recycle all H.I.D. lamps
 - Supply bucket truck / Supply all labor
- The Playhouse also wants to upgrade lighting to energy saving LED lights in its main building

Need for program: _____

We believe it is a good time to invest in energy-efficient lighting for the parking lot and main building as it will save us money in the long-term. We are incorporating "green" technology into the Playhouse where possible, and ultimately, the LED lighting will save us money while benefiting the natural environment.

Neighborhood area to be served: _____

Town of Westport

Plan to implement the program: _____

- Develop a time frame to replace existing lighting that works with our 2023/24 seasons and schedule of shows
- Contract with a company to replace the old lights with the LED lights

Timetable:

Program start date: 09/12/2023
MM - DD - YYYY

Program completion date: 09/12/2024
MM - DD - YYYY

Post-project audit due date: 12/22/2024
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
 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, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$11,680.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Lighting fixtures for parking lot</u>	<u>\$5,680.00</u>
b) <u>Lighting fixtures for main building</u>	<u>\$6,000.00</u>
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:

a) <u>Facilities Manager @ 15%</u>	<u>\$9,630.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

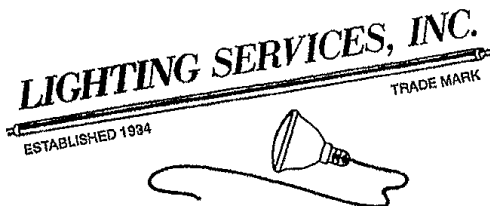
\$21,310.00

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: _____ Department of Human Services, Town of Westport
Mailing address: _____ 110 Myrtle Avenue, Westport, CT 06880
Name of municipal liaison: Elaine Daignault, Director
Telephone number: 203-341-1050
Fax number: 203-341-1073
Email address: edaignault@westportct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">n/a Date</p>
--



DESIGN AND MAINTENANCE OF LIGHTING SYSTEMS
 COMMERCIAL INDUSTRIAL STREET EMERGENCY
 CORPORATE OFFICES
 150 BROOKSIDE ROAD, WATERBURY, CT 06708
 Telephone (203) 756-8148 • Fax (203) 756-6312
 SERVICE CENTERS
 Boston, MA New York, NY Charlotte, NC
 Toll Free 1-800-225-0263

April 25, 2022

bbaldwin@westportplayhouse.org

Mr. Brad Baldwin
 Westport Country Playhouse
 25 Powers Court
 Westport, CT 06880

Re: **Retrofitting of Parking Lot Poles and Bollards**

Dear Brad:

As requested, I have surveyed the above parking lot to retrofit your existing parking lot pole lights with new LED high output retrofit kits. Lighting Services, Inc. will perform the following:

- Retrofit four (4) single head light poles
- Retrofit fourteen (14) double head light poles
- Retrofit thirteen (13) bollards
- Recycle all H.I.D. lamps
- Supply bucket truck
- Supply all labor

Total cost will be \$5,680.87 plus tax if applicable.

All lamps are warrantied for five (5) years, not labor.

Please sign below and the material will be ordered.

Please note: this quote is only good for thirty (30) days due to material prices changing daily.

If you have any questions, please call me at 1-800-225-0263.

Sincerely,

Scott Miller
 Account Director

SM/ks

TO AUTHORIZE WORK, PLEASE SIGN AND EMAIL TO sales@lightingservicesinc.net	
Signature _____	
Date _____	PO# _____

LIGHTING MAINTENANCE ELECTRICAL CONTRACTING BATTERY SALES EMERGENCY LIGHTING UPS SYSTEMS

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)

2021

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **WESTPORT COUNTRY PLAYHOUSE INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
25 Powers Court
 City or town, state or province, country, and ZIP or foreign postal code
Westport, CT 06880

D Employer identification number
23-7357943

E Telephone number
203-227-5137

F Name and address of principal officer: **Michael Barker**
25 Powers Court, Westport, CT 06880

G Gross receipts \$ **4,742,605**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.westportplayhouse.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1973**

M State of legal domicile: **CT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To transform people's lives through the power of theater. Our aim is to enlighten, enrich and engage a diverse community of theater-lovers, artists and students by presenting</u> (Continued on Schedule O, Statement 2)		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	94
	6	Total number of volunteers (estimate if necessary)	6	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,543,825	Current Year 3,934,283
	9	Program service revenue (Part VIII, line 2g)	122,423	402,500
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,900	139,131
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,470	17,166
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,786,618	4,493,080
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	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)	1,798,476	2,785,483
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 349,609		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,387,565	1,648,201
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,186,041	4,433,684	
19	Revenue less expenses. Subtract line 18 from line 12	-399,423	59,396	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 14,372,975	End of Year 14,751,465
	21	Total liabilities (Part X, line 26)	2,121,667	2,247,485
	22	Net assets or fund balances. Subtract line 21 from line 20	12,251,308	12,503,980

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: Michael Barker, Managing Director Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Department of Revenue Services
State of Connecticut
(Rev. 02/23)



Municipality: _____

Form NAA-01
2023 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: _____
Parent Child Center

Address: 90 Hillspoint Rd Westport CT 06880

Federal Employer Identification Number: 06-1276427

Program title: Solar Conversion for Child Care Centers

Name of contact person: Eileen Ward

Telephone number: (203) 226-8033

Email address: director@myccdc.org

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

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.

Visit us at portal.ct.gov/DRS for more information.

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 project consists of building a solar array to provide electricity to three childcare centers in Westport. We would like to install a ground-mounted solar at 90 Hillspoint Road to meet approximately 150 MWh annual energy demand from the three childcare centers on site. (The roof is curvilinear and cannot structurally support solar panels.) It is, an architecturally unique building designed by Victor Lundy. At Harvard, he studied under Walter Gropius and Marcel Breuer, members of the Harvard Five. This ensures that we preserve the area's architectural history while preparing it for the energy and climate challenges of the future.

Need for program: _____

(1) Lower the annual operational costs of the childcare centers by approximately \$38,000. The project may free up over \$38,000 in electricity expenses to invest in teachers, scholarships, and curriculum development, among other priorities. (2) Lower greenhouse gas emissions. Our project has the potential to reduce US production of CO2e emissions by up to 44 metric tonnes per year (using the EPA's standard emissions factors). (3) Develop a climate-change and STEM-focused early childhood environmental education program.

Neighborhood area to be served: _____

The Parent Child Center is the management agency for three early care and education programs serving families with children from birth to age six. We are in a former elementary school leased from the Town of Westport. In total, approximately 280 children attend all or part of each day twelve months a year. We employ 100 people.

Plan to implement the program: _____

1. Establish location in compliance of Westport zoning regulations.
2. Secure bids from contractors.
3. Finance
4. Secure zoning approval.

Timetable:

Program start date: 01/10/2023
MM - DD - YYYY

Program completion date: 08/31/2024
MM - DD - YYYY

Post-project audit due date: _____
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
 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, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Congresssionally Directed Funding Grant</u>	<u>\$165,000.00</u>
b) <u>Fundraising and Financing</u>	<u>\$30,000.00</u>
c) <u>NAA 2022</u>	<u>\$5,000.00</u>
d) _____	_____

Total Funding: \$350,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Engineering & Zoning</u>	<u>\$20,000.00</u>
b) <u>Installation of Solar Panels & electrical</u>	<u>\$330,000.00</u>
c) _____	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Volunteers</u>	<u>\$0.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$350,000.00

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: _____ Department of Human Services, Town of Westport
Mailing address: _____ 110 Myrtle Avenue, Westport, CT 06880
Name of municipal liaison: Elaine Daignault, Director
Telephone number: 203-341-1050
Fax number: 203-341-1073
Email address: edaignault@westportct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;">January 2025 Date</p>
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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) **2021**
 Department of the Treasury Internal Revenue Service **2021**
 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.
 Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **THE PARENT CHILD CENTER, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
90 HILLSPPOINT ROAD
 City or town, state or province, country, and ZIP or foreign postal code
WESTPORT, CT 06880
 F Name and address of principal officer: **SANDY SERES**
90 HILLSPPOINT ROAD, WESTPORT, CT 06880

D Employer identification number: **06-1276427**
 E Telephone number: **203-226-8033**
 G Gross receipts \$: **251,084.**
 H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
 H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
 J Website: **N/A**
 K Form of organization: Corporation Trust Association Other
 L Year of formation: **1989** M State of legal domicile: **CT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO PROVIDE AND MAINTAIN FACILITIES FOR A COOPERATIVE DAY CARE, PRESCHOOL AND PRIMARY**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **6**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **6**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5** **0**

6 Total number of volunteers (estimate if necessary) **6** **0**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**
 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.	0.
9 Program service revenue (Part VIII, line 2g)	228,998.	251,084.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,998.	251,084.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	237,348.	252,828.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	237,348.	252,828.
19 Revenue less expenses. Subtract line 18 from line 12	-8,350.	-1,744.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	49,813.	49,569.
21 Total liabilities (Part X, line 26)	0.	1,500.
22 Net assets or fund balances. Subtract line 21 from line 20	49,813.	48,069.

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: **SANDY SERES, PRESIDENT** Date: _____
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **JOHN J. ZAPRZALKA, CPA** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00231420**
 Firm's name: **APICELLA, TESTA & COMPANY, P.C.** Firm's EIN: **06-0876812**
 Firm's address: **680 BRIDGEPORT AVENUE SHELTON, CT 06484** Phone no.: **(203) 925-9494**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Department of Revenue Services
State of Connecticut
(Rev. 02/23)



Municipality: Westport, CT

Form NAA-01
2023 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: _____
Homes with Hope, Inc.

Address: PO Box 631
Westport, CT 06881

Federal Employer Identification Number: 22-2534326

Program title: A More Efficient Homes with Hope

Name of contact person: Helen McAlinden, President and CEO

Telephone number: (203) 226-3426

Email address: hmcalden@hwhct.org

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

<p>Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, attach a copy of the first page of your most recent return.</p> <p>If No, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.</p>
--

Visit us at portal.ct.gov/DRS for more information.

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: _____

Homes with Hope, a respected nonprofit organization located in Westport, CT, is dedicated to addressing and preventing homelessness and food insecurity in Fairfield County. Homes with Hope's programs and services include fifty-two units of Permanent Supportive Housing (PSH), Homes with Hope's PSH Program provides housing assistance and supportive services to formerly chronic homeless individual and their families in order to help them achieve housing stability. Several of the properties owned by Homes with Hope are in need of energy efficiency updates including, new windows, new exterior doors, and new energy efficient appliances, etc.

Need for program: _____

The Permanent Supportive Housing units and homes owned by Homes with Hope are aging. The properties are in need of upgrades such as new windows, exterior doors, proper insulation, new energy efficient appliances, etc. By making the units and homes more energy efficient, Homes with Hope's clients will be more comfortable, and Homes with Hope will save money on heating, cooling, and electricity costs that are currently at incredibly high rates.

Neighborhood area to be served: _____

Homes with Hope's units and homes that will benefit from this funding include three homes on Wassell Lane known as Homes with Hope's Bacharach Community, Powell Place at 86 Saugatuck, Susie's House on Compo Road North, and Westport Rotary House at 10 West End Avenue, all located in Westport.

Plan to implement the program: _____

Homes with Hope will evaluate all of its affordable Permanent Supportive Housing units to determine how they can be improved through energy efficiency updates by undergoing an energy assessment. Once the assessment is completed, the upgrades needed will be prioritized and the funding will be used on the most cost-saving and urgent repairs and upgrades.

Timetable:

Program start date: 01/15/2024
MM - DD - YYYY

Program completion date: 09/01/2025
MM - DD - YYYY

Post-project audit due date: 12/01/2025
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
 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, no later than three months after the program completion date.

Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Potential grant opportunities</u>	<u>\$10,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>estimated window costs</u>	<u>\$100,000.00</u>
b) <u>estimated new exterior doors</u>	<u>\$10,000.00</u>
c) <u>estimated insulation costs</u>	<u>\$30,000.00</u>
d) <u>estimated new appliances costs</u>	<u>\$30,000.00</u>
Administrative expenses - itemized description:	
a) <u>oversight and processing</u>	<u>\$17,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$187,000.00

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: _____ Department of Human Services, Town of Westport, CT
Mailing address: _____ 110 Myrtle Avenue, Westport, CT 06880
Name of municipal liaison: Elaine Daignault, Director of Human Services
Telephone number: 203-341-1050
Fax number: 203-341-1073
Email address: edaignault@westportct.gov

<p style="text-align: center;">Post-Project Audit</p> <p style="text-align: center;">Is a post-project audit required for this proposal?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project audit due:</p> <p style="text-align: center;"><u>12/01/2025</u> Date</p>
--

Form 8879-TE Department of the Treasury Internal Revenue Service	IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____ ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2021</div>
Name of filer HOMES WITH HOPE, INC.		EIN or SSN 22-2534326
Name and title of officer or person subject to tax HELEN MCALINDEN PRESIDENT/CEO		
Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.		
1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 3,447,647.
2a Form 990-EZ check here ... <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ... <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ► <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that <input checked="" type="checkbox"/> I am an officer of the above entity or <input type="checkbox"/> I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.		
PIN: check one box only <input checked="" type="checkbox"/> I authorize MARCUM LLP to enter my PIN 34326 <div style="text-align: center;">ERO firm name Enter five numbers, but do not enter all zeros</div> as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.		
<input type="checkbox"/> As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		
Signature of officer or person subject to tax _____		Date ► _____
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">06418706103</div> Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		
ERO's signature ► _____		Date ► _____
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		
LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.		Form 8879-TE (2021)
102521 01-11-22		
15121114 150872 100228	2021.05000 HOMES WITH HOPE, INC.	100228_1

EXTENDED TO NOVEMBER 15, 2022

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
2021
Open to Public Inspection

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 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending

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 HOMES WITH HOPE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 631 City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06881	D Employer identification number 22-2534326
	E Telephone number (203) 226-3426	G Gross receipts \$ 3,450,007.
	F Name and address of principal officer: HELEN MCALINDEN SAME AS C ABOVE	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
	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	H(c) Group exemption number ▶
	J Website: ▶ WWW.WWW.HWHCT.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: 1984 M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PREVENTING AND ENDING HOMELESSNESS AND FOOD INSECURITY IN FAIRFIELD COUNTY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	40
6 Total number of volunteers (estimate if necessary)	6	81
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,796,670.	3,073,711.
9 Program service revenue (Part VIII, line 2g)	349,067.	363,139.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,872.	10,760.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-88,119.	37.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,070,490.	3,447,647.
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	1,488,291.	1,387,831.
16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,417.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,136,786.	1,634,965.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,625,077.	3,022,796.
19 Revenue less expenses. Subtract line 18 from line 12	445,413.	424,851.
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,743,994.	5,182,500.
21 Total liabilities (Part X, line 26)	2,543,484.	2,500,746.
22 Net assets or fund balances. Subtract line 21 from line 20	2,200,510.	2,681,754.

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 HELEN MCALINDEN, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARY-EVELYN ANTONETTI	Preparer's signature MARY-EVELYN ANTONETTI
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323
	Firm's address ▶ 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	Phone no. (203) 781-9600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Report of the Westport Representative Town Meeting Health and Human Services Committee

To: Town Clerk Date: 5/31/2023

Meeting date: 5/24/2023 @ 7:30 pm (via zoom)

Committee Members present: Wendy Batteau (Chair), Jessica Bram, Harris Falk, Jack Klinge, Sal Liccione, Kristin Schneeman, Chris Tait, Julie Whamond. RTM Moderator Jeff Wieser also attended.

Item:

Discuss and make a recommendation to the full RTM on taking such action as the meeting may determine, upon the request of the Human Services Director, to approve applicants to the Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program pursuant to CGS 12-630aa et seq.

The Connecticut Neighborhood Assistance Act (NAA) is a state-sponsored program designed to provide funding for municipal and tax-exempt organizations by providing a corporate business tax credits for businesses that make contributions to these non-profits. Under the program, businesses make cash contributions to qualified organizations so certified by local legislative bodies, and then claim state tax credits for the donations. Westport non-profits have participated for several years.

This year the following groups are applying to the program:

The Westport Historical Society, requesting \$17,950 for tuition and lunch programs for under-resourced children (as identified by local health and human services agencies and/or application with tax return) to attend educational school vacation and summer camps

The Saugatuck Cooperative, requesting \$50,000 for replacing heating and air conditioning systems in phases at the affordable senior housing facility. This phase covers replacement of the heating equipment

The Westport Country Playhouse requesting \$11,680 to upgrade its parking lot lights to energy efficient led lighting and in its main building

The Parent Child Center requesting \$150,000 in NAA funds (in addition to requesting other federal grants) to build a solar array to provide electricity to three childcare centers

Homes with Hope, Inc. requesting \$150,000 to make upgrades such as new windows, exterior doors, insulation, new energy-efficient appliances, and the like, in its supportive housing units

Full details are included in the RTM packets.

The RTM is asked annually to certify that the organizations applying for NAA funding are actual non-profits operating in the town. Most members of the HHS Committee have had experience in doing so. There was little discussion of the actual matter details, at least partly because this request was tacked onto the meeting agenda the day before the meeting. No one from the Administration attended to explain the item or the specific requests. RTM Moderator Jeff Wieser stepped up to fill that role.

Committee members were uneasy about approving the request under those circumstances, but had the matter been postponed, the groups would have missed their application deadline.

Upon a motion by Liccione and seconded by Batteau, the committee voted 7-0-1 (Falk abstaining for process reasons) to recommend approval to the full RTM.

A vote on the Committee's previous more complex discussion item had been postponed due to the timing of the request and supply of information which members felt hindered their ability to understand options. The Committee asked to include in this report a reminder that RTM process requires sufficient lead times and information item sponsors to make its decisions.

Respectfully submitted,

Wendy Batteau
Chair and Reporter
RTM Health and Human Services Committee

RTM Joint Committee Meeting of Finance and Public Works Committee

May 31, 2023 - Meeting via Zoom

Upon the request of the Director of Public Works, to approve an appropriation of \$473,000 to the Capital and Non-Recurring Account #31503310-500460-10135 for the Hillspoint Road sidewalk replacement.

In attendance For RTM Finance:

Seth Braunstein – Chair, RTM Finance Committee
Nancy Kail – RTM Finance Committee
Lyn Hogan – RTM Finance Committee
Stephen Shackelford – RTM Finance Committee
Don O'Day – RTM Finance Committee
Rachel Cohn - RTM Finance Committee

In attendance for Public Works:

Jay Keenan - Chair, RTM Public Works
Chris Tait – RTM Public Works
Andrew Colabella – RTM Public Works
Don O'Day – RTM Public Works
Jack Klinge – RTM Public Works

Others in attendance:

Peter Ratkiewich - Director, Public Works Department

Director Ratkiewich explained the specifics behind the requested appropriation. The sidewalk project covers Hillspoint Road from Hales Road down to Compo Hill Avenue and then crosses the street by the blue wrapped house and connecting back into the existing sidewalk with placement in the public right of way without encroaching on any private property, so no property needed to be acquired to complete this project.

Sidewalk will be asphalt with an extruded concrete curb which offers a clear differentiation between the roadway and the sidewalk surfaces. Concrete is currently less expensive per linear foot than the asphalt. Appearance will be consistent with the sidewalks in other residential neighborhoods. Contract estimate of \$430K with contingency of 10%. This covers 2,440 linear feet for ~\$194/foot. Expect the project to be completed in the Fall and expect the contract to be awarded in late June/early July with the work likely beginning in mid to late July. PW first applied for a grant back in 2017.

For Public Works Jack Klinge motioned and was seconded by Andrew Colabella and was passed unanimously, 5 - 0.

For Finance Don O'Day motioned and was seconded by Nancy Kail and was passed unanimously, 6 - 0.

DRAFT 4-18-23

RTM Resolutions:

RESOLVED: That upon the recommendation of the First Selectwoman, the Fire Chief and the Fire Marshal, an amendment to Chapter 34 – Fire Prevention and Protection, of the Town Code of Ordinances, adding Article III – Fire Marshal Fee Schedule and Enforcement, is hereby approved.

RESOLVED: That upon the recommendation of the First Selectwoman, the Fire Chief and the Fire Marshal, an amendment to Appendix C of the Town Code of Ordinances, adopting a fee for Fire Marshal review of construction documents in the amount of \$5 per \$1000 of estimated costs, for commercial buildings and residential buildings of three or more dwelling units, is hereby approved.

TOWN OF WESTPORT CODE OF ORDINANCES

CHAPTER 34 – FIRE PREVENTION AND PROTECTION

NEW:

Article III – FIRE MARSHAL FEE SCHEDULE

Sec. 34-31 - Fee schedule for Fire Marshal duties. Pursuant to Connecticut State Regulation 29-291a-7a(g) and other applicable law, the Fire Marshal, with approval of the Representative Town Meeting, shall adopt a fee schedule for certain prescribed duties in accordance with the Connecticut State Fire Prevention Code and the Connecticut State Fire Safety Code, and other applicable law, including without limit fees for construction document reviews, permits, certificates, notices, approvals, or orders.

Sec. 34-32 - Posting of fee schedule. The Fire Marshal shall post the fee schedule in the Office of the Fire Marshal, in public view, and on the Town's website. The fees shall also be set forth in Appendix C of the Town Code of Ordinances.

Sec. 34-33 - Exemption from fee liability. All municipal projects of the Town of Westport are and shall be exempted from liability for permit fees and may be issued permits and certificates of occupancy without charge therefor.

NEW:

TOWN OF WESTPORT CODE OF ORDINANCES

APPENDIX C:

<i>Chapter 34. Fire Prevention and Protection</i>		
<u>34-31</u>	<u>Fire Marshal Fees:</u>	
	<u>Construction Document Reviews</u>	<u>The fee for the Fire Marshal's review of construction documents shall be based on the estimated cost of the project at the rate of Five Dollars (\$5.00) per One Thousand Dollars (\$1,000.00) or part thereof, said fees being assessed only for commercial buildings and for residential dwellings that include three (3) or more dwelling units.</u>