



Municipality: New Haven

Form NAA-01

2021 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: F.O.H., Inc.

Address:

P.O. Box 2966, New Haven, Connecticut 06515

Federal Employer Identification Number: 06-1549144

Program title: Energy Rehab and Restoration VI

Name of contact person: Benjamin James

Telephone number: 203-785-1468

Email address: None

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

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- Energy conservation; or
 Comprehensive college access loan forgiveness (see Conn. Gen Stat. § 12-635(3)).

60% credit percentage

- Job training/education for unemployed persons aged 50 or over;
 Job training/education for persons with physical disabilities;
 Program serving low-income persons;
 Child care services;
 Establishment of a child day care facility;
 Open space acquisition fund; or
 Other (specify): _____

Description of program: This Program helps to create affordable housing for low-income families through the purchase and renovation of boarded-up, vacant or otherwise non-marketable housing. Renovations include new siding, electrical and heating upgrades, as required, intensive energy conservation techniques, particularly insulation, repair of siding, thermopane replacement windows, replacement of furnaces and use of star energy products which achieve substantial savings for low-income families. Due to the outbreak of COVID-19 in March 2020 and other issues, this Program could not be funded nor implemented last year.

Need for program: The Edgewood Park Neighborhood has good housing stock that is being saved from blight and decay. Maintenance of the housing stock is a key factor to stabilize this neighborhood, while still enabling low-income families to make their homes here.

Neighborhood area to be served: Edgewood Park Area

Plan to implement the program: Competent contractors will be taken on together with in-house staff.

Timetable:

Program start date: January 1, 2022

Program completion date: December 31, 2023 (multi-year)

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Part III — Financial Information

Program Budget:

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

Sources of Revenue:

NAA funds requested	<u>\$150,000</u>
Other funding sources - itemized sources:	
a) <u>Rentals</u>	<u>90,000</u>
b) _____	_____
c) _____	_____
d) _____	_____
Total Funding:	<u>\$240,000</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Construction contracts</u>	<u>\$195,000</u>
b) <u>Equipment</u>	<u>35,000</u>
c) <u>Miscellaneous</u>	<u>6,000</u>
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Accounting</u>	<u>1,000</u>
b) <u>Legal</u>	<u>3,000</u>
c) _____	_____
d) _____	_____
Total Proposed Expenditures:	<u>\$240,000</u>

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: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Review

Is a post-project review required for this proposal?

Yes No

If Yes, date post-project review due:
March 31, 2024

Date

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

A For the 2019 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: **F.O.H., INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 3389**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: **NEW HAVEN CT 06515**

D Employer identification number

06-1549 144

E Telephone number

G Gross receipts \$ **464,721**

F Name and address of principal officer:
DANIEL GREER
133 WEST PARK AVE.
NEW HAVEN CT 06511

H(a) Is this a group return for subsidiaries? Yes No

H(b) Are all subsidiaries 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: **1994** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance		Revenue	
1 Briefly describe the organization's mission or most significant activities: ACQUIRE, RESTORE AND MAINTAIN HOUSING FOR LOW AND MODERATE INCOME TENANTS AND FAMILIES, SUPPORT OF THE NEIGHBORHOOD INFRASTRUCTURE AND OTHER COMMUNITY FUNCTIONS.			
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	4
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	4
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
6 Total number of volunteers (estimate if necessary)		6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 39		7b	0
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)			4,542
9 Program service revenue (Part VIII, line 2g)		433,003	459,864
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		667	315
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		433,670	464,721
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		204,500	391,000
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)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶			0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		351,238	378,831
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		555,738	769,831
19 Revenue less expenses. Subtract line 18 from line 12		-122,068	-305,110
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		2,454,389	2,149,256
21 Total liabilities (Part X, line 26)		0	0
22 Net assets or fund balances. Subtract line 21 from line 20		2,454,389	2,149,256

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: *Sarah Greer* Date: **11/12/20**
Type or print name and title: **SARAH GREER SECRETARY/DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: **11/12/20** Check if PTIN self-employed

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