



STATE OF CONNECTICUT – COUNTY OF TOLLAND  
INCORPORATED 1786

# TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187

TEL 860-870-3100

[www.ellington-ct.gov](http://www.ellington-ct.gov)

DAVID STAVENS  
Deputy First Selectman

JAMES PRICHARD  
MELINDA M. FERRY  
RONALD F. STOMBERG  
JOHN W. TURNER  
CHARLOTTE WARD

LORI L. SPIELMAN  
First Selectman

## NOTICE OF PUBLIC HEARING

TOWN OF ELLINGTON

**Monday, April 11, 2022**

The Town of Ellington will hold a Public Hearing on Monday, April 11, 2022 at 7:00 p.m., prevailing time, at the Ellington Town Hall, Nicholas J. DiCorleto, Jr. Meeting Hall, 55 Main Street, Ellington, CT for the purpose of allowing citizens to comment upon the following grant application:

- 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal – Replacement of Air Handler Units, Ellington Hall Memorial Library

All interested parties are encouraged to attend in person or via ZOOM. Individuals will have the opportunity to raise their hand to provide their name, address and comment either in person or via ZOOM.

Dated at Ellington, Connecticut, this 30<sup>th</sup> day of March, 2022.

BY ORDER OF THE BOARD OF SELECTMEN

Lori L. Spielman  
First Selectman

*Journal Inquirer: April 2, 2022*

Join via ZOOM Conference at: <https://us02web.zoom.us/j/86189717669>

By Phone: 1 929 205 6099

Meeting ID: 861 8971 7669

Passcode: 412136



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AGENDA # V. G

## TOWN OF ELLINGTON

### Department of Public Works

Timothy Webb  
Director/WPCA Admin.

21 MAIN STREET - PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187  
TEL 860-870-3140 FAX 860-870-3147  
www.ellington-ct.gov

#### MEMORANDUM

**TO:** Lori Spielman, First Selectman  
Tiffany Pignataro, Finance Officer

**FROM:** Timothy M. Webb, Director of Public Works *TWW*

**DATE:** March 9, 2022

**RE:** Connecticut Neighborhood Assistance Grant,  
Library Fan Coils Replacement Project

Within the CIP Budget there is funding to address the Hall Memorial Library fan coils. 16 units in total. In the year 2021, the Town's HVAC Contractor, Actionair replaced 5 more units that were in need, for a total of 9 units. Four units were replaced in 2020.

In the upcoming CIP budget, Public Works is requesting funding to continue to replace and install new energy efficient units. Of the remaining 7 units, we are seeking funding to replace 4 of the larger units in the upcoming 2022 fiscal year. Funding requested in the Capital Improvement Budget is \$100,000 which will cover this year's proposed 4 fan coil replacements.

I am suggesting the Town apply for the Neighborhood Assistance Grant, NAA, at an amount of \$80,000. This funding will allow the project to move forward and complete the replacements of the remaining 3 units throughout the facility.

In order to apply for this Grant, the Board of Selectmen must make a motion to move this project forward. Please place this request for consideration on the March 14, 2022 Board of Selectmen's agenda for consideration.

Attachment-NAA Grant Application



Municipality: Town of Ellington

## Form NAA-01

### 2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

#### Part I — General Information

Name of tax exempt organization/municipal agency: \_\_\_\_\_

Town of Ellington

Address: P.O. Box 187, Ellington Ct 06029

Federal Employer Identification Number: 06-6001996

Program title: Replacement of Air Handlers Units, Ellington Hall Memorial Library

Name of contact person: Timothy M. Webb

Telephone number: (860) 870-3140

Email address: twebb@ellington-ct.gov

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 80,000.00

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

Yes

No

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

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

**Part II — Program Information**

Check the appropriate description of your program:

**100% credit percentage**

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

**60% credit percentage**

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

Description of program: \_\_\_\_\_  
The Town of Ellington will continue this project of changing out the 30 year old air handlers within the Hall Memorial Library.

Need for program: \_\_\_\_\_  
This request will allow the Town to complete the project of replacing the old, units with energy efficient ones.

Neighborhood area to be served: \_\_\_\_\_

Plan to implement the program: \_\_\_\_\_  
Of the 16 units the Town has replaced 9 with 7 units remaining. Funding requested will allow the Town to complete the project in this upcoming fiscal year.

**Timetable:**

Program start date: Fiscal year 2021-22

Program completion date: Fiscal year 2022-23

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

**Part III — Financial Information**

**Program Budget:**

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

**Sources of Revenue:**

NAA funds requested	<u>\$80,000.00</u>
Other funding sources - itemized sources:	
a) <u>Capitol Budget 2022-23 replacing 4 units</u>	<u>\$100,000.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

**Total Funding:**

\_\_\_\_\_

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

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

Administrative expenses - itemized description:

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

**Total Proposed Expenditures:**

\$180,000.00

**Part IV — Municipal Information**

**To be completed by the municipal agency overseeing implementation of the program**

Name of municipal agency overseeing implementation of the program: _____ Town of Ellington, Public Works Department
Mailing address: _____ P.O. Box 187 Ellington CT 06029
Name of municipal liaison: Timothy M. Webb
Telephone number: 8608703140
Fax number: _____
Email address: twebb@ellington-ct.gov

<b>Post-Project Audit</b>	
Is a post-project audit required for this proposal?	
Yes	No
If Yes, date post-project audit due:	
_____	
Date	

## **2022 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

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

### **Part I – General Information**

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

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

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

### **Part II – Program Information**

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

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

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

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

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

### **Part III – Financial Information**

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

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

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

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

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

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

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

### **Part IV – Municipal Information**

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

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

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

### **For Further Information**

Email inquiries to:

- [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov)

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

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