

Municipality: ELLINGTON

**Form NAA-01**  
**2026 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: 55 MAIN STREET, ELLINGTON, CT 06029

Federal Employer Identification Number: 0 6 - 6 0 0 1 9 9 6

Program title: STATION 243 HVAC REPLACEMENT

Name of contact person: MATTHEW REED

Telephone number: (860) 870-3100

Email address: MREED@ELLINGTON-CT.GOV

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

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

☐ Yes ☒ No

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

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

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

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

### 60% credit percentage

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

Description of program: \_\_\_\_\_

THIS PROGRAM WILL REPLACE AN AGING AND FAILING AIR CONDITIONING AND HEATING SYSTEM FOR ONE OF THE TOWN'S PRIMARY FIRE STATIONS AT 6 NUTMEG DRIVE. EXISTING EQUIPMENT WILL BE REPLACED WITH MODERN, ENERGY EFFICIENT, HVAC EQUIPMENT.

Need for program: \_\_\_\_\_

THE SYSTEM IN PLACE WAS ORIGINALLY INSTALLED AT THE TIME OF CONSTRUCTION IN 2009. THE SYSTEM HAS BECOME UNREILABLE AND FREQUENTL IN NEED OF REPAIR. THE AGED TECHNOLOGY LACKS ENERGY EFFICIENCY. A SYSTEM REPLACEMENT WILL PROVIDE INCREASED RELIABILITY AND EFFICIENT RESULTING IN AN ANTICIPATED ENERGY COST SAVINGS.

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

TOWN OF ELLINGTON

Plan to implement the program: \_\_\_\_\_

A CONTRACTOR WILL BE IDENTIFIED THAT WILL MEET THE NEEDS OF THE PROJECT. THE CURRENT SYSTEM WILL BE INSPECTED, EQUIPMENT NEEDS WILL BE IDENTIFIED, AND A CONSTRUCTION TIMELINE ESTABLISHED. IT IS ESTIMATED THAT THE PROJECT WILL TAKE APPROXIMATELY 1-WEEK TO COMPLETE.

**Timetable:**Program start date: 08-03-2026

MM - DD - YYYY

Program completion date: 08-21-2026

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. Additionally, the program completion date must not extend beyond December 31, 2028.

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 \$20,000.00

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \_\_\_\_\_**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) 1-3 TON, 100KBTU HEAT EXCHANGER \$7,480.00b) ZONE SYSTEM KIT \$306.00c) PROGRAMMABLE THERMOSTATS, DAMPERS, \$607.00d) WIRELESS KIT AND MISC ELECT/MECH WORK \$1,833.00

Administrative expenses - itemized description:

a) LABOR 2 WORKERS, 80 HRS \$7,840.00b) CONTINGENCY \$1,934.00

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \$20,000.00

## Part IV — Municipal Information

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

|                                                                    |                                     |
|--------------------------------------------------------------------|-------------------------------------|
| Name of municipal agency overseeing implementation of the program: | _____                               |
|                                                                    | TOWN OF ELLINGTON                   |
| Mailing address:                                                   | _____                               |
|                                                                    | 55 MAIN STREET, ELLINGTON, CT 06029 |
| Name of municipal liaison:                                         | MATTHEW REED, TOWN ADMINISTRATOR    |
| Telephone number:                                                  | (860) 870-3100                      |
| Fax number:                                                        | _____                               |
| Email address:                                                     | MREED@ELLINGTON-CT.GOV              |

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

## **2026 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01**, *2026 Connecticut Neighborhood Assistance Act (NAA) Program Proposal*. Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

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### **Part I — General Information**

Enter the name of the tax-exempt organization or municipal agency, address, Federal Employer Identification Number, name, telephone number, and email address of the contact person.

**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 the Department of Revenue Services (DRS) for all NAA matters.

**Post-Project Audit:** Any program receiving \$25,000 or more in NAA funding is required to have a post-project audit prepared by a certified public accounting firm and submitted for certification, to the municipality overseeing the program, no later than three months after the program completion date. For further information on the post-project audit requirements, please refer to Conn. Gen. Stat. § 12-637a.

### **Additional Information**

See the *Guide to Connecticut Business Tax Credits* available on the DRS website at [portal.ct.gov/DRS](http://portal.ct.gov/DRS). E-mail any questions to [NAAProgram@ct.gov](mailto:NAAProgram@ct.gov) or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.



## PROPOSAL

**Ellington Fire Dept.  
6 Nutmeg Dr.  
Ellington, CT 06029**

**Proposed: 9/17/25  
Valid Until: 10/17/25**

**To: Thomas Adams**

Thomas, NEEC is pleased to provide you with a proposal to replace the existing, failing, Tempstar package AC/Heat unit with a new RUUD Renaissance, 3ton, 100kbtu gas/electric package unit, Honeywell zone damper actuator kit, dampers and two new thermostats at the Nutmeg Dr. Fire Dept. This proposal includes removal and disposal of the existing unit as well as installation, startup and commissioning of the new replacement unit for turnkey operation.

**Material: (1) RUUD RGECZ/ 3ton, 100kbtu package unit SS heat exchanger= \$7479.07**

**(1) Honeywell TrueZone System Kit = \$305.90**

**(1) Honeywell Focus Pro Programmable Thermostat = \$281.11**

**(1) Honeywell Wireless Zoning Adapter Kit = \$324.36**

**(2) Honeywell Zone Dampers (size TBD) = \$833.44**

**Miscellaneous – (i.e. duct transitions, electrical disconnect, insulation, flex clad) = \$1000.00**

**Labor- 2 men, 5 days or 80hrs x \$98/hr = \$7840.00**

**Total Proposed Price = \$18,063.88**

Scott G. Demi  
President  
New England Energy Controls Inc.  
Office-(860)873-9999  
Sdemi@neeccontrols.com

## CAPITAL IMPROVEMENT PROGRAM SURVEY FORM

| PROPOSED PROJECT DETAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |            |            |            |            |            |                                                                      |                                                          |                                               |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|------------|------------|------------|------------|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| Agency/Department: ELLINGTON VOLUNTEER FIRE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |            |            |            |            |            | Project Name: STATION 243 - HVAC                                     |                                                          |                                               |                                                  |
| Project Description: STATION 243 - HVAC REPLACEMENT/UPGRADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |            |            |            |            |            | Priority Rank by Agency/Department                                   |                                                          |                                               |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |            |            |            |            |            | <input type="checkbox"/> #1<br>Committed Project                     | <input checked="" type="checkbox"/> #2<br>Urgent Project | <input type="checkbox"/> #3<br>Needed Project | <input type="checkbox"/> #4<br>Desirable Project |
| Justification: The HVAC system at Station 243 is original to the building when it was purchased by the town and has reached the end of its service life. It has become increasingly inefficient, requiring frequent repairs and resulting in higher energy and maintenance costs. The system also struggles to maintain consistent temperature and airflow, impacting operational efficiency and equipment longevity. Upgrading to a modern, energy-efficient system will improve reliability, reduce costs, and extend the life of the building's infrastructure while preventing future emergency repairs. |                 |            |            |            |            |            | Required/Desired Date of Project Completion:<br>7/1/2027 - 6/30/2028 |                                                          |                                               |                                                  |
| Benefits: SEE JUSTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |            |            |            |            |            | Type of Project: CAPITAL                                             |                                                          |                                               |                                                  |
| Costs if not implemented: EMERGENCY EXPENDITURES ON REPAIR & MAINTENCE ON AGING HVAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |            |            |            |            |                                                                      |                                                          |                                               |                                                  |
| ESTIMATED PROJECT COSTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FUNDING SOURCE* | FY 2026-27 | FY 2027-28 | FY 2028-29 | FY 2029-30 | FY 2030-31 | FY 2031-32                                                           | TOTAL                                                    | DEFERRED PROJECTS                             | SOURCE OF COST ESTIMATES                         |
| Planning & Engineering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| Site & ROW Acquisition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| Equipment Purchases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1               | 20000      | 0          | 0          | 0          | 0          | 0                                                                    | 20000                                                    | 0                                             |                                                  |
| Other (Identify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| <b>SUBTOTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| New Personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| Annual Maintenance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| Grant Reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |
| <b>TOTAL COST TO TOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | 0          | 0          | 0          | 0          | 0          | 0                                                                    | 0                                                        | 0                                             |                                                  |

\*FUNDING SOURCE: (1) Capital Non-Recurring Fund; (2) Short-Term Note; (3) Bond Issue; (4) Grant; (5) Trust Fund; (6) Special Assessment; (7) General Fund; (8) Other