

TOWN OF WALLINGFORD, CONNECTICUT
TOWN COUNCIL MEETING
Robert F. Parisi Council Chambers
June 9, 2026
6:30 P.M.

AGENDA

1. Pledge of Allegiance
2. Roll Call
3. Consent Agenda
 - 3a. Consider and approve Tax Refunds totaling \$529.83 (#1089-1096) – Tax Dept.
 - 3b. Consider and approve acceptance and appropriation of a donation in the amount of \$500.00 – Youth & Social Services.

\$500.00 To: Donations Rev. Acct. #2134002-47152
\$500.00 To: Expenditures Exp. Acct. #21340100-58830
 - 3c. Consider and approve transfer in the amount of \$10,000 – Inland Wetlands and Watercourses

\$5,000 From: PS – Microfilming Acct. #10011000-56600
\$5,000 From: Regular Salaries and Wages Acct. #10011000-51000

\$10,000.00 To: IWWC – PS – Consulting Acct. #10011000-56774
 - 3d. Consider and approve transfer in the amount of \$30,000.00 from Utilities Acct. # 10020050-53010 to Capital-Storage Drawers Acct. #10020050-57000 - TBD – Police Dept.
 - 3e. Consider and approve transfer from General Plant – Miscellaneous Equipment Acct. #398 to General Plant – Communications Equipment Acct #397 in the amount of \$8,400 - Electric Division
 - 3f. Consider and approve FY 2025-26 budget amendment and appropriation of \$222,784 from Retained Earnings Acct. to Various-per attachment Acct. #VAR - Electric Division
 - 3g. Consider and approve FY 2025-26 budget amendment and appropriation \$5,650,000 from Retained Earnings Acct. to Other Power Supply Exp- Purchased Power Acct. # 555 - Electric Division

- 3h. Consider and approve appropriation of \$11,974 from National Opioid Settlement Fund and DPH Funding to support the Fitness Court Project and other Public Health & Environmental Health Initiatives - Health Department

\$7,813.70 To: National Opioid Settlement Fund Acct.# 2504002-45200
\$4,160.00 To: DPH Funding Acct.# 2504002-45114

\$7,813.70 To: Fitness Court Acct.# 25040350-58830-10246
\$1,573.00 To: Fitness Court Acct.# 25040350-58830-10246
\$2,587.00 To: PH & Environmental Health Initiatives Acct.# 25040350-58830 - TBD

- 3i. Consider and approve transfer of \$30,000.00 to cover overtime from weekend park clean-ups, trash removal and Wallingford Celebrates America's 250th Celebration activities from Waste & Compost Acct. #1030000-56754 to Overtime Acct. #103000-51400 - Public Works
- 3j. Consider and approve reappointment of Barbara Kapi to the Public Celebrations Committee for a term of two (2) years set to expire 2/1/2028 – Chairman Testa
- 3k. Consider and approve reappointment of Whitney Mooney to the Public Celebrations Committee for a term of two (2) years set to expire 2/1/2028 – Chairman Testa
- 3l. Consider and approve reappointment of Ruth Palmer to the Public Celebrations Committee for a term of two (2) years set to expire 2/1/2028 – Chairman Testa
- 3m. Approve Minutes of Regular Town Council Meeting, May 26, 2026

4. **Items Removed from the Consent Agenda**

5. **PUBLIC QUESTION & ANSWER PERIOD**

6. 6:30 p.m. To conduct a Public Hearing to Consider and Act on the 2026 Neighborhood Assistance Program – Program Planning
7. Consider and Approve Resolution authorizing the mayor to submit Neighborhood Assistance Applications to the Department of Revenue Services and the Summary list of Neighborhood Assistance Programs for 2026 - Program Planning
8. Consider and approve appropriation to Rev- Transfer In Acct. #3019053-49015 and to Exp – Town Wide Paving Acct. #30102026-5700-20086 in the amount of \$390,136 - Mayor
9. Discussion on establishing a committee to explore options for outdoor dining, use of town spaces, and developing plans to enhance the commercial activities in town/Chairman Testa

Individuals in need of auxiliary aids for effective communication in programs and services of the Town of Wallingford are invited to make their needs and preferences known to the ADA Compliance Coordinator at 203-294-2070 five days prior to meeting date.



Town of Wallingford, Connecticut

3a
JO-ANNE L. RUSCZEK, C.C.M.C.
TAX COLLECTOR

KELLY J. HECKMAN
ASSISTANT TO THE TAX COLLECTOR

DEPARTMENT OF FINANCE
45 SOUTH MAIN STREET
P.O. BOX 5003
WALLINGFORD, CONNECTICUT 06492
TELEPHONE (203) 294-2135
FAX (203) 294-2137

June 1, 2026

Honorable Vincent Cervoni
Mayor, Town of Wallingford
Wallingford, CT 06492

Re: Refund - Account #1001001-41020 – \$2,113.99 (#1089 - #1096)

Dear Mayor Cervoni:

Attached is a list of refunds for your approval and the approval of the Town Council.

Very truly yours,

Kelly J. Heckman
Assistant to the Tax Collector

APPROVED:

Vincent Cervoni, Mayor

Timothy M. Sena, Comptroller

1089 Cirsuolo, Joseph J. (Estate) & Sheila R	64.54		2024-3014
1090 Daimler Trust	169.13	BB01470	2024-59092
1091 Dubuc, Jeffrey S. & Stephanie	564.42		2024-4608
1092 Melillo, David P.	311.20		2023-75783
1093 Reid, Steven P. & Nancy S.	25.93		2023-82716
1094 Tamariz-Alvarado, Ingrid I.	418.48		2024-87963
1095 Tesla Lease Trust	161.41	BH91518	2024-88272
1096 Tesla Lease Trust	398.88	LUCENT	2024-88276
	2,113.99		

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that CIRASUOLO JOSEPH J (ESTATE) & SHEILA R

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

CIRASUOLO JOSEPH J (ESTATE) & SHEILA R
3 HUELSTEDE LA
WALLINGFORD, CT 06492

2024-01-0003014
C0429650
3 HUELSTEDE LN



2024010003014

To JO-ANNE L. RUSCZEK CCMC Collector of TOWN OF WALLINGFORD State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	8,606.02	0.00	0.00	0.00	8,606.02	
Total Paid	03/23/2026	8,670.56	193.64	0.00	0.00	8,864.20	-64.54 ***
Adjusted Refund		-64.54	0.00	0.00	0.00	64.54	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Sheila Cirasuolo
Print Name

Sheila Cirasuolo
Signature of Taxpayer

5/10/26
Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of 64.54 be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 07 DAY OF April 2026

Kelly G. Hukerman
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 64.54 to CIRASUOLO JOSEPH J (ESTATE) & SHEILA R.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
P O BOX 50C3
WALLINGFORD CT 06492-7503
(203) 294-2135

REAL ESTATE TAX BILL



GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	<u>DUE DATE</u>	<u>DELO AFTER</u>	<u>\$INST</u>
2024-01-0003014	OCTOBER 1, 2024	8,606.02	-64.54	#1 07/01/2025	08/01/2025	0.00
				#2 01/01/2026	02/02/2026	-64.54
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	TOTAL	-64.54
148 24.1200	356,800	0	0	356,800		

RATE	TAX DUE	INTEREST	LIEN	FEEES	<u>TOTAL DUE NOW</u>
24.12	-64.54	0.00	0.00	0.00	-64.54
AS OF: 04/07/2026	C0429650		VOL/PAGE: 785 / 779		
PROP NO 3 HUELSTEDE LN			MBL: 0960040		

CIRASUOLO JOSEPH J (ESTATE) & SHEILA R
3 HUELSTEDE LA
WALLINGFORD CT 06492-0000

NET BALANCE: -64.54

LAST PAYMENT DATE: 03/23/2026 8,864.20

APR 07 2026

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

5001 898 60001
1090

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that DAIMLER TRUST

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

DAIMLER TRUST
14372 HERITAGE PARKWAY
1ST FLOOR
FORT WORTH, TX 76177

2024-03-0059092
59092
/BB01470/4JGFB4KBXMA458893



2024030059092

To **JO-ANNE L. RUSCZEK CCMC** Collector of **TOWN OF WALLINGFORD** State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or Sec. 12-129 Refund of Excess Payments.
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	507.44	0.00	0.00	0.00	507.44	
Total Paid	07/18/2025	676.57	0.00	0.00	0.00	676.57	-169.13 ***
Adjusted Refund		-169.13	0.00	0.00	0.00	169.13	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

KNITH MESA
Print Name

[Signature]
Signature of Taxpayer

5/12/26
Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of **169.13** be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

Sec. 12-129 Refund of Excess Payments.

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 04 DAY OF May 2026

Kelly J. Hurlman
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 169.13 to DAIMLER TRUST.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
 P O BOX 5003
 WALLINGFORD CT 06492-7503
 (203) 294-2135

MOTOR VEHICLE TAX BILL



2024030059092

GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2024-03-0059092	OCTOBER 1, 2024	507.44	-169.13	07/01/2025	
					-169.13
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148 24.12	28,050	0	-7,012	21,038	08/01/2025

RATE	TAX DUE	INTEREST	LIEN	FEEES	TOTAL DUE
24.12	-169.13	0.00	0.00	0.00	-169.13
AS OF: 05/04/2026 59092					
2021 MERCE GLE 350 01 BB01470 4JGFB4KBXMA458893					

DAIMLER TRUST
 14372 HERITAGE PARKWAY
 1ST FLOOR
 FORT WORTH TX 76177-0000

NET BALANCE: -169.13

LAST PAYMENT DATE: 07/18/2025 676.57

MAY 04 2026

1092

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that MELILLO DAVID P

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2023

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

MELILLO DAVID P 2/8/54
10316 HERITAGE BAY BLVD
NAPLES, FL 34120-5162

2 Short Beach Rd
Unit 2
East Haven, CT
06512-3561

2023-03-0075783
76046
/5N1AZ2MH3GN158525



To JO-ANNE L. RUSCZEK CCMC Collector of TOWN OF WALLINGFORD State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or Sec. 12-129 Refund of Excess Payments.
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2024	0.14	0.00	0.00	0.00	0.14	
Total Paid	10/23/2024	311.34	9.62	0.00	0.00	320.96	-311.20 ***
Adjusted Refund		-311.20	0.00	0.00	0.00	311.20	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

DAVID P. MELILLO
Print Name

David P. Melillo 5/15/26
Signature of Taxpayer Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of 311.20 be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

Sec. 12-129 Refund of Excess Payments.

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 04 DAY OF May 2026

Kelly Heckema
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 311.20 to MELILLO DAVID P.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD CT 06492-7503
(203) 294-2135

MOTOR VEHICLE TAX BILL



2023030075783

GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2023-03-0075783	OCTOBER 1, 2023	0.14	-311.20	07/01/2024	
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148 30.66	10,150	0	-10,150	0	08/01/2024

-311.20

RATE	TAX DUE	INTEREST	LIEN	FEEES	TOTAL DUE
30.66	-311.20	0.00	0.00	0.00	-311.20

AS OF: 09/29/2025 76046
2016 NISSA MURANO S 01 AM14546 5N1AZ2MH3GN158525

MELILLO DAVID P
2 SHORT BEACH RD UNIT 2
EAST HAVEN CT 06512-3561

NET BALANCE: -311.20

LAST PAYMENT DATE: 10/23/2024 320.96

mailed to:
10316 Heritage Bay Blvd [←]ret
Unit 2722 back SEP 29 2025
Naples, FL 34120-5162

JAN 21 2026 → Remailed to Prier address -
2 Short Beach Rd Unit 2
East Haven, CT.
06512 3561

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that REID STEVEN P

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2023

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

REID STEVEN P
REID NANCY S
3 ROLLING MEADOW DR
WALLINGFORD, CT 06492-2569

2023-03-0082716
82991
/4CP678H1017298870



2023030082716

To JO-ANNE L. RUSCZEK CCMC Collector of TOWN OF WALLINGFORD State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2024	48.14	0.00	0.00	0.00	48.14	
Total Paid	09/25/2024	74.07	2.28	0.00	0.00	76.35	-25.93 ***
Adjusted Refund		-25.93	0.00	0.00	0.00	25.93	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Nancy S Reid
Print Name

Nancy S Reid May 10, 2026
Signature of Taxpayer Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of 25.93 be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 01 DAY OF May 2026

Kelly Heckman
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 25.93 to REID STEVEN P.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD CT 06492-7503
(203) 294-2135

MOTOR VEHICLE TAX BILL



2023030082716

GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2023-03-0082716	OCTOBER 1, 2023	48.14	-25.93	07/01/2024	
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148 30.66	1,570	0	0	1,570	08/01/2024

RATE	TAX DUE	INTEREST	LIEN	FEES	TOTAL DUE
30.66	-25.93	0.00	0.00	0.00	-25.93

AS OF: 09/26/2024 82991
2001 COLEM BAYSIDE 11 707691 4CP678H1017298870

REID STEVEN P
REID NANCY S
3 ROLLING MEADOW DR
WALLINGFORD CT 06492-2569

NET BALANCE: -25.93

LAST PAYMENT DATE: 09/25/2024 76.35

OCT 08 2024

MAY 01 2026

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that TAMARIZ-ALVARADO INGRID I

- has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024
- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

TAMARIZ-ALVARADO INGRID I
112 SAGAMORE RD
MERIDEN, CT 06450-2574

2024-03-0087963

87963

/5FRYD4H90GB045712



2024030087963

To **JO-ANNE L. RUSCZEK CCMC** Collector of **TOWN OF WALLINGFORD** State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or Sec. 12-129 Refund of Excess Payments.
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	0.00	0.00	0.00	0.00	0.00	
Total Paid	08/01/2025	418.48	0.00	0.00	0.00	418.48	-418.48 ***
Adjusted Refund		-418.48	0.00	0.00	0.00	418.48	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Ingrid Tamariz-Alvarado
Print Name

[Signature]
Signature of Taxpayer

05/27/26
Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of **418.48** be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

Sec. 12-129 Refund of Excess Payments.

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 13 DAY OF May 2026

Kelly H. Hukeman
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 418.48 to TAMARIZ-ALVARADO INGRID I.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD CT 06492-7503
(203) 294-2135

MOTOR VEHICLE TAX BILL



2024030087963

GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2024-03-0087963	OCTOBER 1, 2024	0.00	-418.48	07/01/2025	
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148 24.12	17,350	0	-17,350	0	08/01/2025

-418.48

RATE	TAX DUE	INTEREST	LIEN	FEEs	TOTAL DUE
24.12	-418.48	0.00	0.00	0.00	-418.48

AS OF: 08/14/2025 87963
2016 ACURA MDX ADVA 01 BS32936 5FRYD4H90GB045712

TAMARIZ-ALVARADO INGRID I
112 SAGAMORE RD
MERIDEN CT 06450-2574

NET BALANCE: -418.48

LAST PAYMENT DATE: 08/01/2025 418.48

AUG 14 2025

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that TESLA LEASE TRUST

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

Tesla Lease Trust
Attn: Leasing
12832 S Frontrunner Blvd, Ste 100 .00
Draper, UT 84020

2024-03-0088272
88272
/BH91518/5YJ3E1EB1NF323898



To -- JO-ANNE L. RUSCZEK CCMC Collector of TOWN OF WALLINGFORD State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or Sec. 12-129 Refund of Excess Payments.
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	484.28	0.00	0.00	0.00	484.28	
Total Paid	07/24/2025	645.69	0.00	0.00	0.00	645.69	-161.41 ***
Adjusted Refund		-161.41	0.00	0.00	0.00	161.41	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Jeffery Burk
Print Name

[Signature]
Signature of Taxpayer

5/14/2026
Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of 161.41 be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

Sec. 12-129 Refund of Excess Payments.

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 01 DAY OF May 2026

Kelley Heckman
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 161.41 to TESLA LEASE TRUST.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

Ryan received 05-13-2026 JRB

TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD CT 06492-7503
(203) 294-2135

MOTOR VEHICLE TAX BILL



GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2024-03-0088272	OCTOBER 1, 2024	484.28	-161.41	07/01/2025	

TOWN MILL RATE	MTH	ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148	24.12	26,770	0	-6,692	20,078	08/01/2025

RATE	TAX DUE	INTEREST	LIEN	FEEs	<u>TOTAL DUE</u>
24.12	-161.41	0.00	0.00	0.00	-161.41
AS OF: 05/01/2026	88272				
2022 TESLA MODEL 3	01	BH91518	5YJ3E1EB1NF323898		

TESLA LEASE TRUST
3000 HANOVER ST
PALO ALTO CA 94304-0000

NET BALANCE: -161.41

LAST PAYMENT DATE: 07/24/2025 645.69

MAY 0 1 2026

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
 This is to certify that TESLA LEASE TRUST

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

Tesla Lease Trust
Attn: Leasing
 12832 S Frontrunner Blvd, Ste 100
 Draper, UT 84020

2024-03-0088276
 88276
 /LUCENT/5YJ3E1EA2NF154580

 2024030088276

To **JO-ANNE L. RUSCZEK CCMC** Collector of **TOWN OF WALLINGFORD** State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or
 (State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	132.97	0.00	0.00	0.00	132.97	
Total Paid	07/24/2025	531.85	0.00	0.00	0.00	531.85	-398.88 ***
Adjusted Refund		-398.88	0.00	0.00	0.00	398.88	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Jeffery Burik
 Print Name

[Signature]
 Signature of Taxpayer

5/14/2026
 Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of **398.88** be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 01 DAY OF May 2026

Kelly Heckman
 JO-ANNE L. RUSCZEK CCMC
 TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
 It was voted to refund Property Tax amounting to \$ 398.88 to TESLA LEASE TRUST.

 First Selectman

 Governing Body

 Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
 TOWN OF WALLINGFORD
 P O BOX 5003
 WALLINGFORD, CT 06492-7503

Ryan recieved 05-13-2026 JRB

TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD CT 06492-7503
(203) 294-2135

MOTOR VEHICLE TAX BILL



GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2024-03-0088276	OCTOBER 1, 2024	132.97	-398.88	07/01/2025	
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148 24.12	22,050	0	-16,537	5,513	08/01/2025

-398.88

RATE	TAX DUE	INTEREST	LIEN	FEES	TOTAL DUE
24.12	-398.88	0.00	0.00	0.00	-398.88
AS OF: 05/01/2026	88276				
2022 TESLA MODEL 3	01 LUCENT	5YJ3E1EA2NF154580			

TESLA LEASE TRUST
3000 HANOVER ST
PALO ALTO CA 94304-0000

NET BALANCE: -398.88

LAST PAYMENT DATE: 07/24/2025 531.85

MAY 01 2026

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
This is to certify that DUBUC JEFFREY S + STEPHANIE

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

DUBUC JEFFREY S + STEPHANIE
163 MANSION RD
WALLINGFORD, CT 06492

2024-01-0004608
S0475820
163 MANSION RD



To JO-ANNE L. RUSCZEK CCMC Collector of TOWN OF WALLINGFORD State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or Sec. 12-129 Refund of Excess Payments.
(State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	10,311.30	0.00	0.00	0.00	10,311.30	
Total Paid	12/30/2025	10,875.72	0.00	0.00	0.00	10,875.72	-564.42 ***
Adjusted Refund		-564.42	0.00	0.00	0.00	564.42	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Jeffrey Dubuc
Print Name
Stephanie Dubuc

[Signature] 5/21/2026
Signature of Taxpayer Date
Stephanie Dubuc 5/21/2026

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of 564.42 be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

Sec. 12-129 Refund of Excess Payments.

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 13 DAY OF May 2026

[Signature]
JO-ANNE L. RUSCZEK CCMC
TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
It was voted to refund Property Tax amounting to \$ 564.42 to DUBUC JEFFREY S + STEPHANIE.

First Selectman

Governing Body

Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
TOWN OF WALLINGFORD
P O BOX 5003
WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
 P O BOX 5003
 WALLINGFORD CT 06492-7503
 (203) 294-2135

REAL ESTATE TAX BILL



GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	<u>DUE DATE</u>	<u>DELO AFTER</u>	<u>\$INST</u>
2024-01-0004608	OCTOBER 1, 2024	10,311.30	-564.42	#1 07/01/2025	08/01/2025	0.00
				#2 01/01/2026	02/02/2026	-564.42
TOTAL						-564.42

TOWN MILL RATE	MTH	ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM
148 24.1200		453,900	3,000	-23,400	427,500

RATE	TAX DUE	INTEREST	LIEN	FEEs	<u>TOTAL DUE NOW</u>
24.12	-564.42	0.00	0.00	0.00	-564.42

AS OF: 05/29/2026 S0475820 VOL/PAGE: 1183 / 610
 PROP NO 163 MANSION RD MBL: 1440026

DUBUC JEFFREY S + STEPHANIE
 163 MANSION RD
 WALLINGFORD CT 06492-0000

NET BALANCE: -564.42

LAST PAYMENT DATE: 12/30/2025 5,437.86

REQUEST FOR ABATEMENT OR REFUND OF PROPERTY TAXES

Sec. 12-81(20), Sec. 12-124, 12-125, 12-126, 12-127, 12-127a, 12-128, 12-129 Rev. as Amended
 This is to certify that DUBUC JEFFREY S

has presented satisfactory proof that he/she is entitled to an exemption on the assessment list of 10/01/2024

- Sec. 12-81 (20) Servicemen Having Disability Rating.
- Sec. 12-124 Abatement to poor.
- Sec. 12-125 Abatement of Taxes of Corporations.
- Sec. 12-126 Tangible Personal Property Assessed in more than one Municipality.
- Sec. 12-127 Abatement or Refund to Blind Persons.
- Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.
- Sec. 12-128 Refund of Taxes Erroneously Collected from Veterans and Relatives.
- Sec. 12-129 Refund of Excess Payments.

DUBUC JEFFREY S
163 MANSION RD
WALLINGFORD, CT 06492-4310

2024-03-0061503
61503
/1HGCP2F45AA160788



To **JO-ANNE L. RUSCZEK CCMC** Collector of **TOWN OF WALLINGFORD** State of Connecticut.

I hereby apply for refund* of such part of my tax as shall represent:

The service exemption or Sec. 12-129 Refund of Excess Payments.
 (State reason -- Cross out service exemption if it does not apply)

		Tax	Interest	Lien	Fee	Total	Overpaid Tax
Total Due	07/01/2025	53.09	0.00	0.00	0.00	53.09	
Total Paid	06/26/2025	57.89	0.00	0.00	0.00	57.89	-4.80 ***
Adjusted Refund		-4.80	0.00	0.00	0.00	4.80	

PLEASE READ, SIGN, DATE, AND RETURN TO THE ADDRESS BELOW:

I am entitled to this refund because I made the payments from funds under my control, and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or for obtaining money under false pretenses.

Jeffrey Dubuc
 Print Name

[Signature] 5/21/2026
 Signature of Taxpayer Date

COLLECTOR'S RECOMMENDATION TO THE GOVERNING BODY

To the Town Council, It is recommended that refund* of property taxes in the amount of **4.80** be made to the above-named taxpayer in accordance with the provisions of Section (s):12-129

Sec. 12-129 Refund of Excess Payments.

DATED AT TOWN OF WALLINGFORD, CONNECTICUT THIS 13 DAY OF May 2026

 JO-ANNE L. RUSCZEK CCMC
 TAX COLLECTOR

ACTION TAKEN BY GOVERNING BODY

The Town Council, as authorized by the Town Charter, approved on the _____ day of _____ 2026.
 It was voted to refund Property Tax amounting to \$ 4.80 to DUBUC JEFFREY S.

 First Selectman

 Governing Body

 Town Clerk

Mail To : JO-ANNE L. RUSCZEK CCMC
 TOWN OF WALLINGFORD
 P O BOX 5003
 WALLINGFORD, CT 06492-7503

TOWN OF WALLINGFORD
 P O BOX 5003
 WALLINGFORD CT 06492-7503
 (203) 294-2135

MOTOR VEHICLE TAX BILL



GR YR T LIST #	DST BANK ON GRAND LIST	TOTAL TAX	TAX DUE	DUE DATE	\$INST
2024-03-0061503	OCTOBER 1, 2024	53.09	-4.80	07/01/2025	
					-4.80
TOWN MILL RATE	MTH ASSESSMENT	EXEMPT	COC-CHANGE	NET ASSM	DELQ AFTER
148 24.12	2,400	0	-199	2,201	08/01/2025

RATE	TAX DUE	INTEREST	LIEN	FEEs	TOTAL DUE
24.12	-4.80	0.00	0.00	0.00	-4.80

AS OF: 05/29/2026 61503
 2010 HONDA ACCORD L 01 AB62647 1HGCP2F45AA160788

DUBUC JEFFREY S
 163 MANSION RD
 WALLINGFORD CT 06492-4310

NET BALANCE: -4.80

LAST PAYMENT DATE: 06/26/2025

3b.



*Town of Wallingford, Connecticut
Youth & Social Services*

AMANDA B. MIRANDA
DIRECTOR

GARY REDMAN
PROGRAM COORDINATOR

KIMBERLY STEIN
SOCIAL SERVICES CASEWORKER

MARION L. GRACEY
COUNSELOR

KELLER L. SCHAFFER
SECRETARY

6 FAIRFIELD BOULEVARD
WALLINGFORD, CONNECTICUT 06492
TELEPHONE: (203) 294-2175
FAX: (203) 294-2703

May 18, 2026

The Honorable Vincent Cervoni, Mayor
Town of Wallingford
45 South Main Street
Wallingford, CT 06492

Dear Mayor Cervoni:

I am writing to request an appropriation of a donation to the Department of Youth & Social Services. This \$500.00 appropriation is for assistance to children who cannot afford to participate in youth recreation programs.

Therefore, we are requesting the following appropriation:

\$500.00	Rev. Acct. #2134002-47152	Donations
\$500.00	Exp. Acct. #21340100-58830	Expenditures

Thank you for your assistance in this matter.

Sincerely,

Amanda Miranda, Director
Youth & Social Services

AM/kl

Enclosure

Town of Wallingford, Connecticut

Honorable Vincent Cervoni
Mayor, Town of Wallingford

Date: May 18, 2026

I. Request for: Transfer of funds
 Appropriation of funds

Fund: General Fund
 Other

Amount: \$500.00 To: Revenue Acct. #2134002-47152

Amount: \$500.00 To: Expenditures Acct. #21340100-58830

Explanation: PER ATTACHED LETTER AS REQUIRED

Submitted by: Amanda [Signature] / 455
Department / Division Head

Certified as to the availability of funds:

[Signature]
Comptroller

APPROVED – subject to vote of the Town Council:

[Signature]
Mayor

II. CERTIFICATION OF FINANCIAL TRANSACTION:

The transfer / appropriation of \$ _____ as detailed and authorized above and as approved by a vote of the Town Council in session is hereby certified.

I hereby certify that this is the motion approved by the Town Council at its meeting of _____, 20__.

Town Clerk



Vincent Cervoni
Mayor

OFFICE OF THE MAYOR
TOWN OF WALLINGFORD
CONNECTICUT

3c.

45 South Main Street
Wallingford, CT 06492
Phone: (203) 294-2070

June 1, 2026

Wallingford Town Council
Wallingford, CT 06492

Dear Chairman Testa,

I am writing to request the transfer of funds necessary to fund the ongoing consulting services for the Environmental Planner's Office. Due to the recent retirement of the Environmental Planner, the office is currently without dedicated staff. As there is ongoing activity requiring timely review, guidance, and continuity of operations, it is essential that the Town engage a qualified consulting environmental planner to ensure uninterrupted coverage.

Enclosed is a transfer request to move \$5,000 from Regular Salaries and Wages and \$5,000 from PS – Microfilming to IWWC – PS – Consulting.

Please, contact the mayor's office with any questions.

Sincerely,

Vincent Cervoni
Mayor

3d.



Town of Wallingford, Connecticut
Department of Police Services

JOHN J. VENTURA
CHIEF OF POLICE
100 BARNES ROAD
WALLINGFORD, CT 06492-3718
TELEPHONE (203) 294-2828

June 3, 2026

Mayor Vincent Cervoni
45 South Main Street
Wallingford CT 06492
RE: Transfer of Funds Request

Transfer Information

From:

Utilities (Account:10020050-53010) in the amount of \$30,000.00

To:

Capital-Storage Drawers/Evidence Room Storage Bins (Account: 10020050- 57000) TBD

Total Transfer Amount \$30,000.00

Please see the attached backup for further information regarding this request.

Sincerely,

John J. Ventura
Chief of Police



Request for Evidence Storage Bins

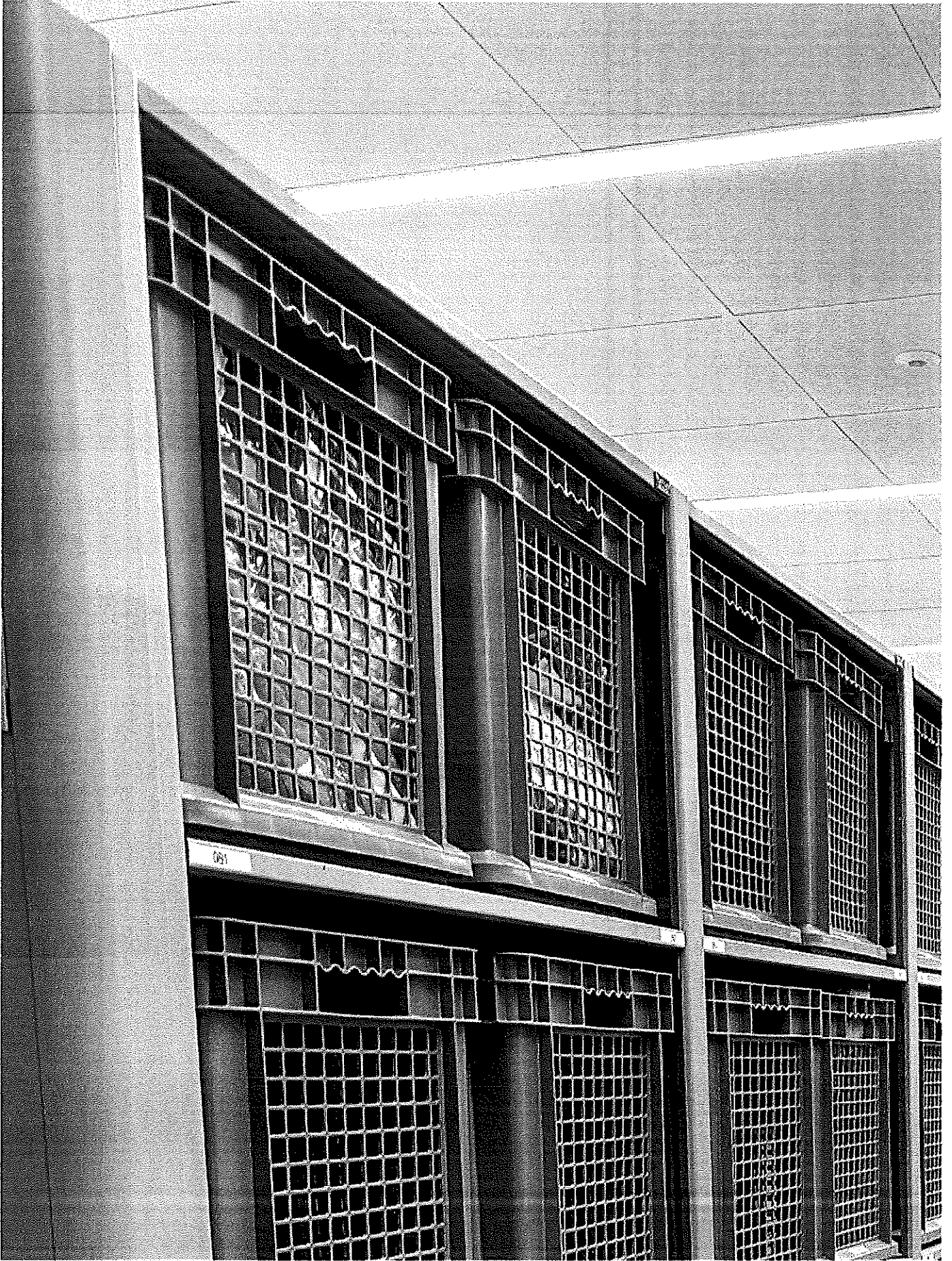
The Evidence Room is currently equipped with Datum brand High Density Mobile Trak Storage Shelving system. The Shelving is open with no drawers. I'm requesting replacement Storage bins for the shelving locations I use to store evidence. Currently we are still using cardboard boxes that were originally used at the old Police Department. Those boxes were original to that building and are in very poor condition and are at end of life. It is not uncommon when pulling old bins out the handle or the bottom of the box will break. We have been slowly replacing the boxes since we have moved in with much more durable bins. I would like to finish the project before the bins are discontinued and or design change so the bins will be uniform. I need an additional 89 bins to finish the project. Once finished these bins will never need replacement as they are very durable and made of Polyethylene.

The bins that I'm requesting are from Uline company item# S-20635GR. The outside dimensions are 23 ¾ x 15 ¾ x 16 ¼ inches. The load weight is 45 pounds. The bins have molded handles on all four sides for easier carrying. The bins as of 06/03/2026 are \$32 dollars if you order over 24 plus. The subtotal is \$2,848.00 for 89 bins and the shipping is \$229.49 for a total of \$3,077.49 dollars.

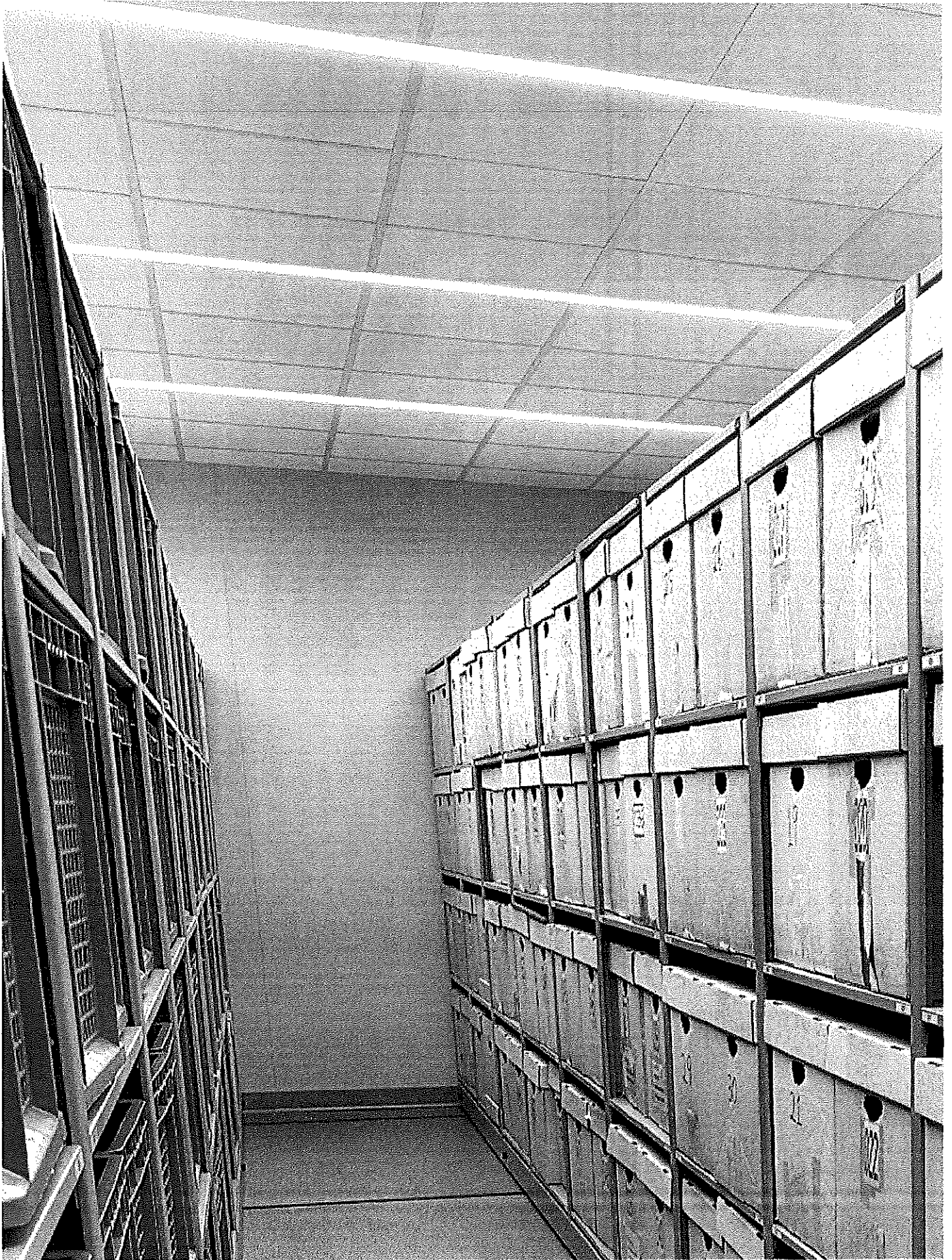
Respectfully submitted,



Officer John Newberry
Evidence / Property Officer
Wallingford Police Department
100 Barnes Road
Wallingford, CT 06492

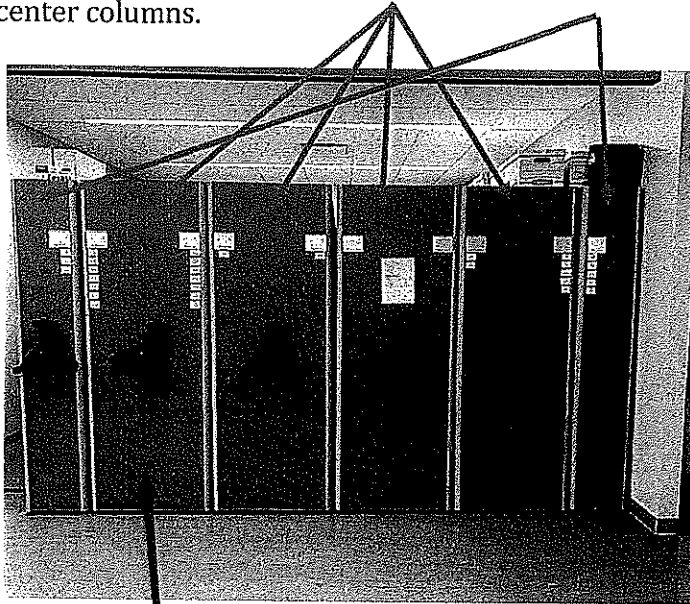




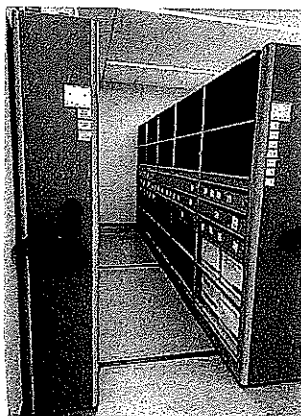


Request for Storage Drawers

The Records Division is currently equipped with a **DATUM** brand High Density Mobile Trak Storage system. The system has four double sided columns (Center) and two single columns, (one on each end) which book end the four center columns.



When the system was installed the left most center column was equipped with (15) fifteen storage drawers on each side of the column midway up in height. These drawers currently house various paper documents such as infractions, written warnings, misdemeanor summons, (UAR) Uniform Arrest Reports, court abstracts etc. A calendar year of documents takes up two drawers. One for the initial enforcement documents and one for the final disposition or court abstracts. The volume of documents can vary year to year depending upon what was occurring. (Example during COVID there was lesser documents to file)



I am looking to add an additional (40) forty drawers to the existing (30) thirty. They would be installed beneath the current ones.

In the past we have kept the past (3) years of these documents on hand and accessible boxing up the prior years and placing them in storage in the evidence room. In the event that we needed to access them for any reason we had to go to the evidence room and pull the box, hopefully locate the document before returning it back to storage. This was not a daily event but occurred enough to be an inconvenience due to their separate location. It

was usually done to verify Criminal History's for Pardon's, another agency's request etc. Our electronic records only go back to 2005 so any thing prior to that is done by hand.

The Clean Slate Act changed all of that. As a result, on a daily basis these documents are needed to be accessed for verification and updating.

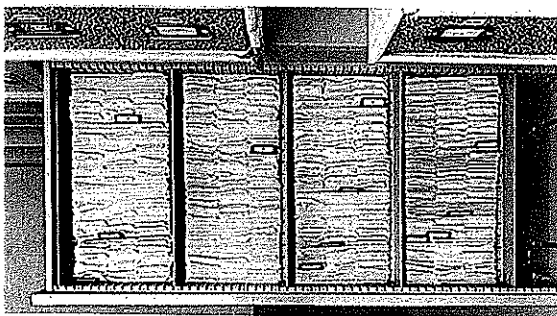
As a result, the (30) current drawers that exist, are maxed out and house various years from present (2026) working our way backwards in time. All of the Court Abstracts not in a drawer are currently housed on the shelves or in a banker box on a shelf.

Now although the retention period for certain documents is (10) years the Criminal Court Abstracts are kept indefinitely. With that being said, a years' worth of documents can hopefully be reduced from (2) two drawers to (1) one up reaching the retention period.



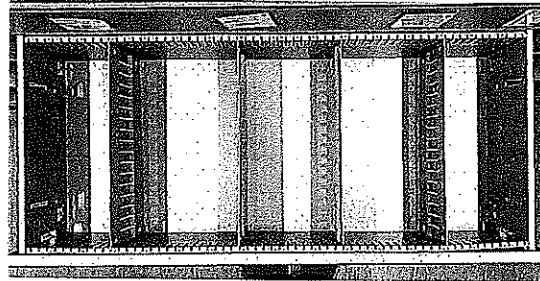
The drawers are approximately 31.5" W x 12.5" L x 5" H with regards to storage. Depending upon the size of the court abstract used during that year makes a difference in the number of abstracts that can be filed and the associated dividers.

For example, the court abstracts for 2005 and prior were issued on 6"x4" cards thus allowing for (4) four columns of cards to be filed. 2006-2007 is a combination in size based on when the cases were disposed of. 2008 to present are on 8.5"x4" cards allowing for (3) columns. It is unknown what the future holds going forward relative to the court abstracts size.

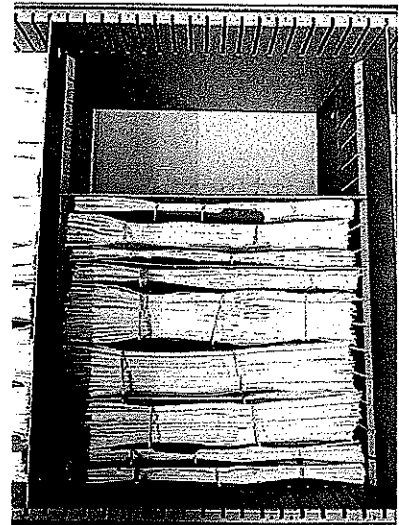
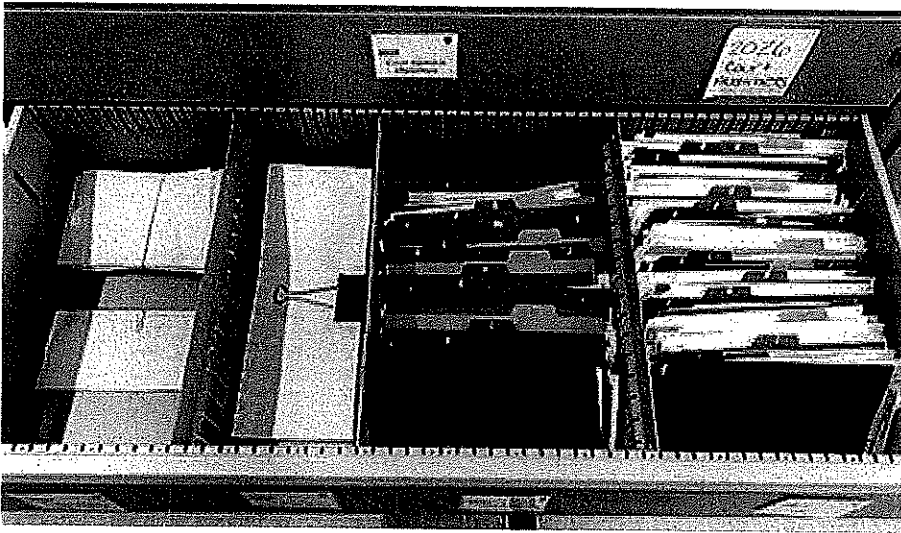


In any case when the storage unit was built, it was set up with (30) drawers that came equipped with the following:

- Drawer
- Front/back kit to accept partitions/dividers
- (4) four, front to back partitions/dividers



What was not accounted for by the architect was any left to right partitions (horizontal) to prevent the documents from falling backwards/forwards. As a result (90) Horizontal (left/right) dividers were obtained under PO26201586. What was discovered during that time frame was that, for the horizontal dividers to work the front to back dividers had to have the slots accessible. In other words, it takes (2) front to back dividers, back-to-back to separate a column.



With that being said, each drawer should have been equipped with the following:

- (1) one front/back kit
- (8) eight, front to back partitions
- (3) three horizontal dividers (based on the 8.5"x4" abstracts) (2008 and present documents)

**the older years would have needed shorter 6"x4" horizontal dividers (4 per drawer) for 2005 and prior.

Requesting

- (40) forty – 6" H drawers with front and back kits to accept dividers
- (440) four hundred forty – front to back slotted partitions
- (24) twenty-four- flat horizontal dividers (4"x6" cards) for 6"H drawer.

A previous quote was obtained back in February of 2026. (See attached)

I am awaiting an updated quote.

Please note that in the updated quote I have added 40 front-to-back partitions as this is what it should have been in the initial quote in February.

Respectfully submitted,

LT. Stacy Sacharko

Records Division Unit Commander

Firearms Instructor (#2380)

Wallingford Police Department

100 Barnes Road

Wallingford, CT 06492

203-294-2624

ssacharko@wallingfordpd.org



INNER SPACE SYSTEMS

PRICE QUOTATION:

PRESENTED TO:

Town of Wallingford Police
100 Barnes Rd.
Wallingford Ct. 06492

DATE: 6/1/2026

PRESENTED BY: AR

F.O.B. DESTINATION

SHIPPING POINT

This quotation is presented for your information and prepared in duplicate.

To order the items listed, sign and return for acceptance.

DESCRIPTION OF EQUIPMENT/SERVICES	AMOUNT
<u>Add on components to existing Datum high density shelving system</u>	
<ul style="list-style-type: none"> • 40-6" h drawers with front & back kits to accept dividers. 260. ea. • 440-front to back slotted partitions. 14.25 ea. • 24- flat horizontal dividers-6"w 6.50 ea. 	<p>\$10,400.00</p> <p>\$ 6,270.00</p> <p>\$ 156.00</p>
<p>Above prices are 40% discount from list prices Prices include over the road freight Prices based on quantities listed Lead time-5-6 weeks</p>	
inside delivery-installation	\$ 2,950.00
Total Price	\$19,776.00

sales taxes additional, if applicable
4 weeks free storage of product in local warehouse
It is customer's responsibility to instruct us when to ship items and to advise of any schedule changes 4 weeks prior to product shipping.
All quotes good for a minimum of 90 days

Our order is hereby placed, as per the terms and conditions of the above quotation, subject to acceptance by the home office of Inner Space Systems, Inc

Accepted by: _____

Accepted by:

Andrew Rakowsky
Inner Space Systems, Inc.
1663 Rte. 22-Ste. A5
Brewster, N.Y. 10509
Ph. (845) 279-7447
fax (845) 279-7755
E-Mail:andy@innerspacesystems.com

Presented by: _____

TOWN OF WALLINGFORD, CONNECTICUT

3e

Honorable Vincent Cervoni, Mayor
Wallingford, CT 06492

Date: 05/26/2026

1. Request for X transfer of funds Fiscal Year 2025-2026
 appropriation of funds

Funds: Electric operating X capital project
Water operating capital project
Sewer operating capital project

\$8,400 From: Title General Plant- Miscellaneous Equipment Acct. No. 398

\$8,400 To: Title General Plant- Communications Equipment Acct. No. 397

Explanation: See attached memo

Certified as to availability of funds:

Marianne Dell Date: 5/26/2026
Office Manager

Submitted by: [Signature] Date: 5/26/2026
Division Head

[Signature] Date: 5/26/26
Department Head

Approved by vote of the Public Utilities Commission subject to the approval of the Mayor and Town Council

[Signature] Date: 6-2-2026
Chairman, Public Utilities Commission

Certified as to Availability of Funds:

[Signature] Date: 6/3/26
Comptroller

Approved – subject to the approval of the Town Council

[Signature] Date: 6/3/26
Mayor

II Certification of the Financial Transaction:

The transfer or appropriation of \$ _____ as detailed and authorized above and as approved by a vote of the Town Council in session is hereby certified.

I hereby certify that this is the motion approved by the Town Council at its meeting of _____, 20__.

Town Clerk



Town of Wallingford, Connecticut

MARIANNE DILL
BUSINESS OFFICE MANAGER

DEPARTMENT OF PUBLIC UTILITIES
ELECTRIC DIVISION
100 JOHN STREET
WALLINGFORD CT 06492

PHONE 203-294-2030
FAX 203-294-2027

Memo

To: Jake Arborio, General Manager
Cc: Richard Hendershot, Director of Public Utilities
From: Marianne Dill, Business Office Manager *MD*
Date: May 26, 2026
Re: Fiscal 2025-2026 Budget Amendment
Account 397 – General Plant – Communications Equipment

Attached for your review is a request for a budget transfer in fiscal year 2025-2026 seeking \$8,400 in Account 397 General Plant – Communications Equipment. This account includes the cost installed of telephone and wireless equipment, including radios for general use in connection with utility operations.

On Tuesday May 19, 2026, the microwave communication system failed. The WED's current SCADA system operates through microwave communications to two of the WED's three substations. Although the system is redundant, both the communication path and the back-up communication path failed. The WED is now operating using an old master station (circa 1993). The current system, due to its obsolescence, does not operate well during extreme heat. Our new SCADA system will not be operational until October, 2026. The funds are needed for the purchase and installation of a new microwave master station. The materials and labor will be provided by Utility Communications with whom we have a bid waiver in place.

Since we do not have sufficient funds in account 397 – General Plant – Communications Equipment and the long lead time of approximately 40 days, a request for emergency purchase was approved by Mayor Cervoni on May 22, 2026. The request and subsequent approval are attached to this request.

Funds for this transfer are available in Account 398- General Plant- Miscellaneous Equipment.

Please review the attached budget amendment and forward as appropriate for action by the Public Utilities Commission and Town Council for consideration.

TOWN OF WALLINGFORD, CONNECTICUT

Honorable Vincent Cervoni, Mayor
Wallingford, CT 06492

Date: 05/27/2026

1. Request for _____ transfer of funds
 X appropriation of funds

Fiscal Year 2025-2026

Funds: Electric X operating X capital project
Water _____ operating _____ capital project
Sewer _____ operating _____ capital project

\$222,783.79 From: Title Retained Earnings Acct. No. N/A

\$222,783.79 To: Title Various- per attachment Acct. No. VAR

Explanation: See attached memo

Certified as to availability of funds:

Maurine Dell
Office Manager

Date: 5/27/2026

Submitted by:

[Signature]
Division Head

Date: 5/28/2026

Nick Wenzel
Department Head

Date: 5/28/2026

Approved by vote of the Public Utilities Commission subject to the approval of the Mayor and Town Council

[Signature]
Chairman, Public Utilities Commission

Date: 6.2.2026

Certified as to Availability of Funds:

[Signature]
Comptroller

Date: 6/3/26

Approved – subject to the approval of the Town Council

[Signature]
Mayor

Date: 6/3/26

II Certification of the Financial Transaction:

The transfer or appropriation of \$ _____ as detailed and authorized above and as approved by a vote of the Town Council in session is hereby certified.

I hereby certify that this is the motion approved by the Town Council at its meeting of _____, 20__.

Town Clerk



Town of Wallingford, Connecticut

MARIANNE DILL
BUSINESS OFFICE MANAGER

DEPARTMENT OF PUBLIC UTILITIES
ELECTRIC DIVISION
100 JOHN STREET
WALLINGFORD CT 06492

PHONE 203-294-2030
FAX 203-294-2027

Memo

To: Jake Arborio, General Manager
Cc: Richard Hendershot, Director of Public Utilities
From: Marianne Dill, Business Office Manager *(MD)*
Date: May 27, 2026
Re: Fiscal 2025-2026 Budget Appropriation
Various Accounts- IBEW Local 420 Contract Settlement

Attached for your review is a request for a budget appropriation in Fiscal Year 2025-2026 seeking an additional \$222,783.79 from Retained Earnings into various operating and capital accounts (per attachment) which have been affected by the recent settlement of the Collective Bargaining Agreement between the Town of Wallingford and IBEW Local 420. The appropriation request includes \$173,598.38 for wages, \$43,920.39 for pension contribution at a rate of 25.3%, \$2,585.02 for Medicare taxes at a rate of 1.45%, \$1,680.00 for meal allowances and \$1,000.00 for safety shoes reimbursement. Wages, Pension contribution and Medicare taxes include retro adjustments along with estimated amounts for the remainder of the fiscal year. Meal allowance is an estimate to cover the period from when the contract is ratified to fiscal year end. Safety shoe reimbursement is an estimate to cover the period from when the contract is ratified to fiscal year end. Funds for this appropriation are available from Retained Earnings.

The budget for Fiscal Year 2025-2026 was prepared early in calendar year 2025. The Collective Bargaining Agreement expired August 31, 2025. Since that time the Collective Bargaining Agreement has been ratified. This contract applies to Line Workers and Substation Electricians only. These two groups were formerly covered by the Collective Bargaining Agreement between the Town of Wallingford and WEPCU, Nutmeg Independent Labor Union.

This budget appropriation covers labor and benefits for the period September 1, 2025 through June 30, 2026.

Please review and forward as appropriate for action by the Public Utilities Commission and Town Council.

Budget Appropriation is to be distributed
to the follow accounts:

40100426	1,328.96
40100562	7,517.37
40100570	3,782.45
40100582	22,742.10
40100583	2,567.78
40100584	10,855.03
40100585	655.85
40100586	25.12
40100587	896.86
40100592	22,695.61
40100593	76,260.57
40100594	2,450.19
40100595	1,096.30
40100596	410.23
40100903	130.27
40100926	22,757.43
40100932	1,669.46
40200353	1,605.49
40200362	8,079.15
40200364	12,994.48
40200365	15,805.00
40200368	4,162.88
40200369	813.98
40200370	612.87
40200373	<u>868.36</u>
	222,783.79

TOWN OF WALLINGFORD, CONNECTICUT

39

Honorable Vincent Cervoni, Mayor
Wallingford, CT 06492

Date: 05/27/2026

1. Request for _____ transfer of funds Fiscal Year 2025-2026
X appropriation of funds

Funds: Electric X operating _____ capital project
Water _____ operating _____ capital project
Sewer _____ operating _____ capital project

\$5,650,000 From: Title Retained Earnings Acct. No. N/A

\$5,650,000 To: Title Other Power Supply Exp- Purchased Power Acct. No. 555

Explanation: See attached memo

Certified as to availability of funds:

Maurine Dell Date: 5/27/2026
Office Manager

Submitted by: [Signature] Date: 5/28/2026
Division Head

[Signature] Date: 5/28/26
Department Head

Approved by vote of the Public Utilities Commission subject to the approval of the Mayor and Town Council

[Signature] Date: 6-2-2026
Chairman, Public Utilities Commission

Certified as to Availability of Funds:

[Signature] Date: 6/3/26
Comptroller

Approved – subject to the approval of the Town Council

[Signature] Date: 6/3/26
Mayor

II Certification of the Financial Transaction:

The transfer or appropriation of \$ _____ as detailed and authorized above and as approved by a vote of the Town Council in session is hereby certified.

I hereby certify that this is the motion approved by the Town Council at its meeting of _____, 20__.

Town Clerk



Town of Wallingford, Connecticut

MARIANNE DILL
BUSINESS OFFICE MANAGER

DEPARTMENT OF PUBLIC UTILITIES
ELECTRIC DIVISION
100 JOHN STREET
WALLINGFORD CT 06492

PHONE 203-294-2030
FAX 203-294-2027

Memo

To: Jake Arborio, General Manager
Cc: Richard Hendershot, Director of Public Utilities
From: Marianne Dill, Business Office Manager *(md)*
Date: May 27, 2026
Re: Fiscal 2025-2026 Budget Amendment
Account 555 – Other Power Supply Expenses- Purchased Power

Attached for your review is a budget amendment seeking an additional \$5,650,000 in Account 555 – Other Power Supply Expenses- Purchased Power. This account includes the cost at point of receipt of electricity purchased for resale.

A review of activity year to date and a projection for the balance of the fiscal year indicate there will be a shortfall of \$5,650,000 in this account. A significant component of this shortfall is due to the ISO-NE's implementation of an Ancillary Services market in the Day-Ahead Settlement and the discontinuation of the Forward Reserves Market in March 2025. The WED is an ISO-NE market participant and as such is subject to these charges.

As background, "the intent of the Day-Ahead Ancillary Services (DA A/S) market was to provide dispatchable resources (such as natural gas and/or oil-fired resources, pumped storage, and batteries) to be prepared to provide energy when the system experiences sudden swings in demand or the output of the intermittent supply resources during the day. The market will do this on a day-ahead basis by backing down resources that would have otherwise been used for energy and holding them in reserve to be able to react to shifts in demand or supply." (1)

Forward Reserve Market Charges for the period 07/01/2024 through 02/28/2025 plus March 2025 Day-Ahead Ancillary Services charges were \$382,956 or \$0.89 per MWh. In contrast the Day-Ahead Ancillary Services charge for the period 07/01/2025 through 03/31/2026 were \$5,107,281 or \$11.94 per MWh. This is an additional cost of \$11.06 per MWh. To demonstrate the volatility in this market, it should be noted that the Day Ahead Ancillary Service Charges for January, 2026 were \$2,121,736 or \$40.23 per MWh. Based on the trend between the two market models (Forward Reserve Market versus Day Ahead Ancillary Services Market) for the first nine months of the year, WED staff calculated the full year difference to be \$5,165,700. A 10% contingency brings that amount to \$5,682,300.

Additionally, WED staff have compared the Energy New England Monthly 3 Year Power forecast prepared on May 14, 2026 (most recent forecast) to the Energy New England Monthly 3 Year Power forecast prepared January 15, 2025. The latter was used for preparation of the Fiscal 2025-2026 Purchase Power Budget. The difference between the Total Power Supply Costs in the two forecasts is an increase of \$5,109,200. A 10% contingency brings that amount to \$5,620,100.

Due to continued uncertainty in the wholesale power market along with the unseasonably warm weather experienced in mid-May, the WED's requested budget amendment builds in a factor of 10% for additional market movement. Staff split the difference between the two methodologies described above and is requesting \$5,650,000. Any funds that are not used will be returned to retained earnings through the year end closing process. It is also important to note that the increased cost of purchased power is being, or will be, ultimately collected through the WED Rate No. 12, Power Cost Adjustment which is calculated twice annually. A review of cash over minimum required reserve at March 31, 2026, produced a balance of \$9.1 million above the required minimum reserve of \$39.2 million.

Please review the attached budget amendment and forward as appropriate for action by the Public Utilities Commission and Town Council.

- (1) Craig Kieny- Energy Initiatives, Inc May 7, 2025 "March 2025 Wholesale Power Supply Summary"



Town of Wallingford, Connecticut
Health Department

Vanessa Bautista, M.P.H., R.S.
Director of Health


(203) 294-2065

45 South Main Street Room 215
Wallingford, CT 06492



MEMORANDUM

To: Mayor Vincent Cervoni

From: Vanessa Bautista, Director of Health 

Date: June 2, 2026

Re: Request to Include Item on Town Council Agenda, June 9, 2026

Please include on June 9, 2026, Town Council agenda the Health Department's request to appropriate opioid settlement funding and State of Connecticut Department of Public Health funding to support the Fitness Court Project and other Public Health and Environmental Health Initiatives.

Action Requested:

1. Health Department request to appropriate \$7,813.70 in opioid settlement funding to Fitness Court Account #25040350-58830-10246.
2. Health Department request to accept and appropriate \$4,160 from the State of Connecticut Department of Public Health to support Public Health and Environmental Health Initiatives as follows:
 - \$1,573 to Fitness Court Account #25040350-58830-10246
 - Remaining balance to an account as assigned by the Comptroller

Justification:

The Health Department is currently completing the Fitness Court Project and has identified additional project costs following the final bidding and construction review process, including additional site preparation expenses.

Appropriating available opioid settlement funding, along with a portion of available State funding, will allow the project to move forward without delay and support the successful completion of this community health initiative.

The remaining State funding will support future Public Health and Environmental Health Initiatives as needed.

Thank you for your consideration of this request.

Attachment: Appropriation of Funds

TOWN OF WALLINGFORD, CONNECTICUT

Honorable Vincent Cervoni
Mayor, Town of Wallingford

Date: 6/2/26

I. Request for:

transfer of funds
 appropriation of funds

Fund:

General Fund
 Other Title 250 - Misc Grants

Amount: 7,813.70 FROM: Title: National Opioid Settlement Fund Acct No. 2504002-45200
4,160.00 DPH Funding 2504002-45114

Amount: 7,813.70 TO: Title: Fitness Court Acct No. 25040350-58830-10246
1,573.00 Fitness Court 25040350-58830-10246
2,587.00 PH & Environmental Health Initiatives 25040350-58830-TBQ

Explanation: PER ATTACHED LETTER AS REQUIRED


Submitted by:


Department / Division Head

Certified as to the availability of funds:


Comptroller

APPROVED -- subject to vote of the Town Council:

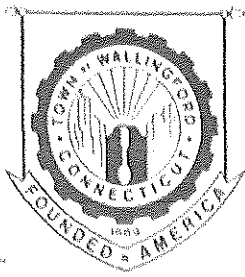

Mayor

II. CERTIFICATION OF FINANCIAL TRANSACTION:

The transfer/appropriation of \$ _____ as detailed and authorized above and as approved by a vote of the Town Council in session is hereby certified.

I hereby certify that this is the motion approved by the Town Council at its meeting of _____, 2026

Town Clerk



TOWN OF WALLINGFORD

31
Department of Public Works
2 Town Hall Road
Wallingford, Connecticut 06492

Telephone (203) 294-2105
Fax (203) 294-2107

MEMORANDUM

TO: Mayor Vincent Cervoni

FROM: Robert V. Baltramaitis, P.E., Director, Public Works

SUBJECT: Request for Funding Transfer

DATE: June 2, 2026

Dear Mayor,

We respectfully request a transfer of \$30,000.00 from Account # 1030000-56754 "Waste & Compost" to Account # 1030000-51400 "Overtime". This transfer will enable us to cover overtime from weekend park clean-ups & trash removal as well as the 250th Celebration activities.

Very truly yours,

Robert V. Baltramaitis, P.E.
DPW Director

3j.-31,

Cori Hass

From: Vincent Testa
Sent: Friday, May 29, 2026 11:58 AM
To: Kristen Panzo; Cori Hass
Subject: Agenda Item for June 9

Please add this to the Consent Agenda.

"Reappointments of Barbara Kapi, Whitney Mooney, and Ruth Palmer to the Public Celebrations Committee for terms expiring 2/1/28."

Thank you,
Vinnie

Vincent Testa

Chairman, Wallingford Town Council
203-675-4079
www.wallingfordct.gov

PUBLIC RECORDS NOTICE:

Under the Connecticut Freedom of Information Act(C.G.S. § 1-200 et seq.), all email messages sent to or from this address in the conduct of municipal business are public records and may be subject to inspection and disclosure. This communication is also subject to [municipal records retention requirements](#).

 [Book time to meet with me](#)

TOWN OF WALLINGFORD, CONNECTICUT
TOWN COUNCIL MEETING
Robert F. Parisi Council Chambers
May 26, 2026
6:30 P.M.

3m.

RECORD OF VOTES AND MINUTES

The Town Council Meeting on Tuesday, May 26, 2026, was called to order at 6:30 p.m. The Pledge of Allegiance was said. Councilors in attendance were Autumn Allinson, Samuel Carmody, Thomas Laffin, Jesse Reynolds, Bryan Rivard, Melanie Rossacci, Craig Fishbein, Christina Tatta and Chairman Vincent F. Testa Jr. Mayor Vincent Cervoni, Comptroller Tim Sena, Town Attorney Geoffrey Einhorn and Town Clerk Kristen Panzo were also present.

1. Pledge of Allegiance
2. Roll Call
3. Consent Agenda
 - 3a. Consider and approve Tax Refunds totaling \$529.83 (#1082-1088) – Tax Dept.
 - 3b. Acceptance of donation from the Coalition for a Better Wallingford to cover the overtime hours accrued by The Community Impact Unit and consider and approve Appropriation of funds in the amount of \$1,000 to Revenue-Misc., Acct. #1009052-47040 and to Police Overtime, Acct. #10020050-51400 – Police Dept.
 - 3c. Acceptance of donation from the Wallingford Elks and consider and approve Appropriation of funds in the amount of \$480 to Revenue Donations-Police, Acct. #2502002-47152 and to Expense Donations-Police, Acct. #25020050-58830-10127 – Police Dept.
 - 3d. Acceptance of Overtime Reimbursement of Federal Taskforce Funds and consider and approve Appropriation of funds in the amount of \$2,711 to Misc. Revenue, Acct. #1009052-47040 and to Police Overtime, Acct. #10020050-51400 – Police Dept.
 - 3e. Acceptance of donation from the Estate of Clifford Minyard and consider and approve Appropriation of funds in the amount of \$1,529 – Fire Dept.

\$1,010.31	To: Revenue Account-Donations	Acct. #2502002-47152
\$ 518.25		
\$1010.31	To: Expense Account-Fire Dept.	
\$ 518.25	Program Expenditures	Acct. #25020150-58830-10241
 - 3f. Consider and approve a Transfer in the amount of \$230,000 – Fire Dept.

\$60,000	From: Fire-Exp.-Regular Wages	Acct. #10020150-51000
\$80,000	From: Fire-Exp-Other Pay	Acct. #10020150-51900
\$90,000	From: Contingency-Accrued Exp.	Acct. #10019000-58821

\$130,000	To: Fire-Exp-Overtime	Acct. #10020150-51400
\$ 18,000	To: Fire-Exp-Wage Differential	Acct. #10020150-51450
\$ 82,000	To: Fire-Exp-Replacement Pay	Acct. #10020150-51500

- 3g. Acceptance of donation for youth recreation program enrollment costs and consider and approve Appropriation of funds in the amount of \$1,750 to Revenue, Acct. #2134002-47152 and to Expenditures, Acct. #21340100-58830 – Youth and Social Services
- 3h. Acceptance of donation to the America250 Committee and consider and approve Appropriation of funds in the amount of \$10,000 to Rev-Donations, Acct. #2505002-47152 and to Exp-America250, Acct. #25040150-58830-10245 - Mayor
- 3i. Consider and approve a Transfer in the amount of \$78,000 from Contingency-Accrued Exp., Acct. #10019000-58821 to Exp-Reg Salaries & Wages: Various, Acct. #Various-(See Attached) – Comptroller
- 3j. Consider and approve a Transfer in the amount of 50,000 from Regular Salaries & Wages, Acct. #10030000-51000 to Utilities, Acct. #10030000-53010 – Public Works
- 3k. Consider and approve a Transfer in the amount \$2,000 from Distribution-Operations Underground Line Exp., Acct. #584 to Distribution-Maintenance Street Light & Signal Systems, Acct. #596 – Electric Div
- 3l. Consider and approve a Transfer in the amount of \$2,500 from Distribution-Operations Underground Line Exp., Acct. #584 to Distribution-Maintenance Line Transformers, Acct. #595 – Electric Div.
- 3m. Consider and approve FY 2025-2026 budget amendment and consider and approve Appropriation of funds in the amount of \$28,450 from Cash, Acct. #N/A to Outside Services Employed, Acct, #43100923 – Water Div.
- 3n. Consider and approve FY 2025-2026 budget amendment and consider and approve Appropriation of funds in the amount of \$26,250 from Retained Earnings, Acct. #N/A to Miscellaneous Expenses, Acct. #46100923 – Sewer Div.
- 3o. Consider and approve a Transfer in the amount of \$10,000 from Distribution-Operations Underground Line Exp., Acct. #584 to Distribution-Operations Street Light & Signal System, Acct. #585 – Electric Div.
- 3p. Approve Minutes of Special Town Council Meeting, April 28, 2026 and Regular Town Council Meeting, May 12, 2026.
- 3q. Consider and approve appointment of Sean Fitzsimmons as Constable for a term of two (2) years set to expire January 1, 2028 – Chairman Testa

- 3r. Consider and approve appointment of Gary Baker as Constable for a term of two (2) years set to expire January 1, 2028 – Chairman Testa

**MOTION WAS MADE TO approve Consent items 3a-3r.
MADE BY: CARMODY
SECONDED BY: REYNOLDS
ALL MEMBERS THAT WERE PRESENT WERE IN FAVOR**

4. Items Removed from the Consent Agenda

There were no items removed from the Consent Agenda.

5. PUBLIC QUESTION & ANSWER PERIOD

There was no Public Question & Answer Period.

6. 6:30 p.m. To conduct a Public Hearing to Consider and Act on the 2026 Neighborhood Assistance Program – Program Planning

Mayor Cervoni said that agencies are allowed to solicit donations from businesses that are qualified in town that entitle those businesses to get tax credit for the contributions to those nonprofits. Typically, you can see projects that are eligible, pursuant to the program.

Councilor Fishbein discussed the list that is given to the council each year and wanted to know if there is anything different on the list from last year. Mayor Cervoni said that the list is different each year. There was a discussion about the time period of this whole project. Mayor Cervoni said the Public Hearing is scheduled for June 9, 2026, and that this item should be brought back to the council for the next meeting on June 9, 2026. Janis Small explained that the council can continue the Public Hearing at the next meeting so, they do not have to close it.

MOTION WAS MADE TO continue the Public Hearing to the next meeting.

**MADE BY: CARMODY
SECONDED BY: FISHBEIN
THERE WAS A VOICE VOTE AND ALL MEMBERS THAT WERE PRESENT WERE
IN FAVOR**

7. Discussion and possible action on over-riding the Mayor's May 18, 2026 veto of the 2026-2027 Town Council-approved budget – Chairman Testa

**MOTION WAS MADE TO over-ride the mayor's May 18, 2026, veto of the 2026-2027
Town Council approved budget.**

**MADE BY: CARMODY
SECONDED BY: FISHBEIN**

Chair Testa explained what the procedure would be for this agenda item.

There was a brief discussion about the safety in town and how fully funding the Fire Department and the Building Department would be very beneficial for the town. There was a discussion about using our own reserve money to pay for the new positions. There was a discussion about positions in the town hall and how they do not get filled every year. There was a discussion about how the mayor's veto of the Town Council budget would save money in the reserve fund. There was a discussion as to why some Town Council members would be supporting the mayor's veto of the budget. There was a brief discussion about the charter and if the mayor had the authority to veto and change line item numbers. There was a discussion about how the BOE will now be fully funded with the budget that the Town Council approved. There was a discussion at length about the need to fully fund the Fire Department and what could possibly happen if they are not fully staffed at each of their four shifts.

ROLL CALL:

ALLINSON: AYE

CARMODY: AYE

FISHBEIN: NAY

LAFFIN: NAY

REYNOLDS: AYE

RIVARD: AYE

ROSSACCI: AYE

TATTA: AYE

TESTA: AYE

7- AYE

2-NAY

0-ASBENT

MOTION: PASSED

8. Executive Session pursuant to Connecticut General Statutes §1-200(6)(d) and §1-225(f) for a discussion regarding the possible purchase of real property – Mayor

This item was withdrawn.

9. Executive Session pursuant to Connecticut General Statutes §1-225(f) and §1-200(6)(B) regarding strategy and negotiations with respect to the following tax appeal matters:

- a) *FHA Silver Pond Limited Partnership v. Town of Wallingford;*
- b) *Antonio Scotto, et al v. Town of Wallingford; and*
- c) *Antonio and Megan Scotto v. Town of Wallingford*

MOTION WAS MADE TO go into Executive Session pursuant to Connecticut General Statutes 1-225(f) and 1-200(6)(B) regarding strategy and negotiations with respect to the following tax appeal matters, FHA Silver Pond Limited partnership v Town of Wallingford, Antonio Scotto, et al v. Town of Wallingford and Antonio and Megan Scotto v. Town of Wallingford at 7:52pm.

**MADE BY: CARMODY
SECONDED BY: REYNOLDS
THERE WAS A VOICE VOTE AND ALL MEMBERS THAT WERE PRESENT WERE IN FAVOR.**

MOTION WAS MADE TO come out of Executive Session and go back into Regular Session at 8:06pm.

**MADE BY: CARMODY
SECONDED BY: REYNOLDS
THERE WAS A VOICE VOTE AND ALL MEMBERS THAT WERE PRESENT WERE IN FAVOR.**

10. Motion to consider and approve settlement in the pending tax appeal matter of *FHA Silver Pond Limited Partnership v. Town of Wallingford* as discussed in Executive Session;

MOTION WAS MADE TO approve settlement in the pending tax appeal matter of FHA Silver Pond Limited Partnership v. Town of Wallingford as discussed in executive Session.

**MADE BY: CARMODY
SECONDED BY: REYNOLDS
THERE WAS A VOICE VOTE AND ALL MEMBERS THAT WERE PRESENT WERE IN FAVOR.**

11. Motion to consider and approve settlement in the pending tax appeal matter of *Antonio Scotto, et al v. Town of Wallingford* as discussed in Executive Session; and

MOTION WAS MADE TO approve settlement in the pending tax appeal matter of Antonio Scotto, et al v. Town of Wallingford as discussed in executive Session.

**MADE BY: CARMODY
SECONDED BY: REYNOLDS
THERE WAS A VOICE VOTE AND ALL MEMBERS THAT WERE PRESENT WERE IN FAVOR.**

12. Motion to consider and approve settlement in the pending tax appeal matter of *Antonio and Megan Scotto v. Town of Wallingford* as discussed Executive Session – Law Dept.

MOTION WAS MADE TO approve settlement in the pending tax appeal matter of Antonio and Megan Scotto v Town of Wallingford as discussed in Executive Session.

**MADE BY: CARMODY
SECONDED BY: REYNOLDS**

THERE WAS A VOICE VOTE AND ALL MEMBERS THAT WERE PRESENT WERE IN FAVOR.

13. Discussion and possible action regarding Simpson Court outdoor dining – Councilor Rossacci and Councilor Carmody

MOTION WAS MADE TO permit up to 8 parking spaces in Simpson Court to be closed off for outdoor dining between June 1 and September 30. Those parking spaces should be rented at a fee of \$150 per space per month and the businesses who utilize this space shall pay the Department of Public Works for work hours involved in the installation and removal of the concrete barriers.

**MADE BY: CARMODY
SECONDED BY: ROSSACCI**

There was a brief discussion about having some other form of outdoor dining in town besides sidewalk dining that is there now. There was a discussion about how the additional outdoor dining would be good for the town and bring business to the restaurants and stores on the upper side of town. There was a discussion of using 8 parking spaces in the Simpson Court area for this outdoor dining and having the restaurants on Simpson Court pay for the cement blocks to be moved each time. There was a discussion about how the restaurants on Center Street and that surrounding area would not be able to benefit from outdoor dining because of their location. There was a discussion by some of the members of the public who are not in favor of the outdoor dining and how they think it is unfair to restaurants who cannot benefit from this. There was a discussion on how only certain restaurants would make more money from the outdoor dining because of the parking spots. There was a discussion about how those 8 parking spots would now not be used by customers of the businesses that are not located on Simpson Court. There was a brief discussion about how the public loves the outdoor dining that was done in the past and how it just brings everyone together in such a positive way.

ROLL CALL:

ALLINSON: NAY

CARMODY: AYE

FISHBEIN: NAY

LAFFIN: NAY

REYNOLDS: AYE

RIVARD: NAY

ROSSACCI: AYE

TATTA: NAY

TESTA: AYE

4- AYE

5-NAY

0-ASBENT

MOTION: FAILED

The meeting was adjourned at 9:52 PM.

Respectfully submitted,

Kristen Panzo
Town Clerk

Meeting digitally recorded

Vincent F. Testa, Jr. Chairman

Date

Kristen Panzo, Town Clerk

Date



Vincent Cervoni
Mayor

OFFICE OF THE MAYOR

TOWN OF WALLINGFORD
CONNECTICUT

61

45 South Main Street
Wallingford, CT 06492
Phone: (203) 294-2070

May 8, 2026

Wallingford Town Council
45 South Main Street
Wallingford, Connecticut 06492

ATTN: Vincent Testa, Chairman

Dear Council Members:

Under the 2026 Neighborhood Assistance Program, non-profit agencies that serve Wallingford residents are eligible to participate in this program, through which private businesses receive State tax credits for making contributions to eligible projects.

In accordance with the State legislation, we have solicited applications for the current cycle. Our deadline for applications is May 22, 2026. The legislation requires that the legislative body of a municipality hold a public hearing in order to submit a list of projects to the State for approval. It is, therefore, requested that the Town Council schedule a public hearing for June 9, 2026.

Should you have any questions or comments, please contact me.

Sincerely,

Vincent Cervoni
Mayor

slm

NAAREqToTCtoSetPubHrg2026_LTRB



Vincent Cervoni
Mayor

OFFICE OF THE MAYOR

TOWN OF WALLINGFORD
CONNECTICUT

45 South Main Street
Wallingford, CT 06492
Phone: (203) 294-2070

June 1, 2026

Wallingford Town
Council 45 South Main
Street
Wallingford, Connecticut 06492

ATTN: Vincent Testa, Chairman

Dear Council Members:

In order to complete the requirements for the Neighborhood Assistance Act (NAA) set by the State, attached is a resolution authorizing the Mayor's Office to submit Neighborhood Assistance Act applications to the Department of Revenue Services along with the Summary List of Neighborhood Assistance Programs for 2026. It is requested that these documents be forwarded to the Town Council for its consideration after the June 9, 2026, public hearing on Neighborhood Assistance.

Should you have any questions or comments, please contact me.

Sincerely,

Vincent Cervoni
Mayor

slm

Attachments

NAATranslTrToTC2026_LTRD



Town of Wallingford, Connecticut

RESOLUTION

WHEREAS, pursuant to Connecticut General Statutes 12-631, the State of Connecticut has provided tax incentives for Connecticut businesses that donate to community programs under certain circumstances; and

WHEREAS, it is required under Connecticut General Statutes 12-631 that any municipality desiring to obtain benefits under the provisions of this Act shall, after holding at least one public hearing and after approval of the legislative bodies, submit to the Department of Revenue Services a list of programs eligible for investment by business firms under the provisions of this Act; and

WHEREAS, it is desirable and in the best interest that the Town of Wallingford submit such a list to the State of Connecticut.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF WALLINGFORD:

1. that after holding a public hearing on the list required under Connecticut General Statutes 12-631, the Town Council of the Town of Wallingford hereby approves the attached list entitled: Summary List of Neighborhood Assistance Programs; and
2. that the Mayor of the Town of Wallingford is hereby authorized and directed to submit to the Department of Revenue Services the approved list of programs eligible for investment by business firms and to provide such additional information; to execute such other documents as may be required by the Department to accept on behalf of the Town any funds available for those municipal programs on the list; to execute any amendments, rescissions, and revisions thereto; and to act as the authorized representative of the Town of Wallingford.

Certified a true copy of a resolution duly adopted by the Town of Wallingford at a meeting of its Town Council on June 9, 2026, and which has not been rescinded or modified in any way whatsoever.

(Date)

(Clerk)

Connecticut State Department of Revenue Services

[CT.gov Home](https://portal.ct.gov) <https://portal.ct.gov/> [Department of Revenue Services](https://portal.ct.gov/drs) <https://portal.ct.gov/drs> Neighborhood Assistance Act (NAA) Tax Credit Program

Neighborhood Assistance Act (NAA) Tax Credit Program

- [2026 Form NAA-01, Connecticut Neighborhood Assistance Act Program Proposal](#)
- [Overview of the Connecticut Neighborhood Assistance Act \(NAA\) Tax Credit Program](#)
- [Community Programs That Qualify for the NAA Tax Credit Program](#)
- [Limits on the Amount of Contributions That May Be Made or on the Amount of Tax Credit Available](#)
- [Carryforward and Carryback Limitations](#)
- [How to Apply](#)
- [Assignment and Transfer](#)
- [Claiming the Tax Credit](#)
- [The NAA Post Project Audit](#)

FEEDBACK +

Overview of the Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program

The **Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program** is designed to provide funding for municipal and tax-exempt organizations by providing a corporation business tax credit for businesses who make cash contributions to these entities.

The credit may be applied against the following taxes:

- Chapter 207 (Insurance Companies and Health Care Centers);
- Chapter 208 (Corporation Business);
- Chapter 209 (Air Carriers);
- Chapter 210 (Railroad Companies);
- Chapter 211 (Certified Competitive Video Service Companies);
- Chapter 211 (Community Antenna Television System Companies);
- Chapter 211 (Satellite Companies); and
- Chapter 212 (Utility Companies).

The community programs must be approved by both the municipality in which the programs are conducted and by the Connecticut Department of Revenue Services (DRS).

Community Programs That Qualify for the NAA Tax Credit Program

Listed below are examples of the types of programs that qualify for the NAA tax credit and the amount of the available credit.

A tax credit equal to 100% of the cash invested is available to **business firms (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)** that invest in **energy conservation projects (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)** and **comprehensive college access loan forgiveness programs (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)**.

A tax credit equal to 60% of the cash invested is available to business firms that invest in programs that provide:

- **Neighborhood assistance (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)**;
- **Job training (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)**;
- **Education (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)**;
- **Community services (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)**;
- Crime prevention;
- Construction or rehabilitation of dwelling units for **families of low and moderate income (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)** in the state;
- Donation of money to an **open space acquisition fund (<https://portal.ct.gov/drs/credit-programs/neighborhood-assistance/program-information/other-helpful-information>)**;
- Child care centers;
- Child care services;
- Employment and training programs directed at persons with physical disabilities;
- Employment and training programs for unemployed workers who are 50 years of age or older;
- Education and employment training programs for recipients in the temporary family assistance program;
- Community-based alcoholism prevention or treatment; or
- Any other program which serves a group of individuals where at least 75% of the individuals are at an income not exceeding 150% of the poverty level for the year immediately preceding the year during which the tax credit is to be granted.

Limits on the Amount of Contributions That May Be Made or on the Amount of Tax Credit Available

The NAA tax credit program has several statutory limits which must be observed, including the following:

- The total tax credits under the NAA tax credit program are limited to \$150,000 annually for each business firm. The tax credit for investments in child care centers may not exceed \$50,000 per income year for each business firm;
- The minimum contribution on which a tax credit can be granted is \$250;
- Any organization conducting a program or programs eligible to receive contributions under the NAA tax credit program is limited to receiving an aggregate of \$150,000 of funding for any program or programs for any fiscal year;
- The cap on the total amount of credits that may be granted annually is \$5 million. If the proposals submitted to DRS claim credits in excess of the cap, such credits will be prorated among the approved organizations;

- No business firm will receive both the NAA tax credit and the Housing Program Contribution tax credit for the same cash contribution; **and**
 - No business firm may claim the tax credit for investments in child care centers in an income year that the business firm claims the Human Capital Investment tax credit.
-

Carryforward and Carryback Limitations

No carryforward is allowed. Any tax credit that is not taken in the income year in which the investment was made may be carried back to the two immediately preceding income years (beginning with the earlier of the two years).

How to Apply

Organizations wishing to participate

Tax exempt entities and municipal agencies desiring to obtain benefits under the NAA Program must complete **Form NAA-01**, *Connecticut Neighborhood Assistance Act Program Proposal*, Parts I, II, and III and submit the form to the municipal agency overseeing the implementation of the proposal. Contact the municipality for deadline information. The overseeing municipal agency then completes Form NAA-01, Part IV and submits the form to DRS on or before July 1 of each year.

Prior to submitting Form NAA-01 to DRS, each municipality must hold a public hearing on all program applications. The governing body of the municipality must vote to approve the programs. Copies of the public hearing notice and minutes of the meeting approving the programs must be submitted electronically by the municipality to DRS with the approved program proposals. Each municipality may contact DRS by email at [NAAProgram@ct.gov \(mailto:NAAProgram@ct.gov\)](mailto:NAAProgram@ct.gov) to receive instructions on how to process submissions through the MOVEit Secure File Transfer System. NAA submissions that are mailed, hand delivered, or emailed will not be accepted.

Businesses wishing to participate

Each business firm requesting a tax credit under the NAA Tax Credit Program must electronically submit **Form NAA-02**, *Connecticut Neighborhood Assistance Act (NAA) Business Application*, through the DRS website for each program it wishes to sponsor. Form NAA-02 will not be made available until September 15. The contribution must be cash and needs to be made in the corporation's income year that corresponds to the same year as the approved program.

Form NAA-02 must be electronically submitted to DRS on or after September 15 but not later than October 1 of each year. Submissions that are mailed, hand delivered, or emailed will not be accepted.

Assignment and Transfer

Insurance Companies and Health Care Centers: This credit may be assigned by an insurance company or health care center to an affiliate, provided the affiliate may only apply the assigned credit against its tax liability under Chapter 207 (Insurance Companies and Health Care Centers Taxes).

Claiming the Tax Credit

DRS issues an NAA program approval letter to business firms that make cash investments in qualified community programs. The letter indicates the tax credit amount that may be claimed on the applicable business tax return. The tax credit amount must also be entered on **Form CT-1120K**, *Business Tax Credit Summary*, and/or **Form CT-207K**, *Insurance/Health Care Tax Credit Schedule*.

The NAA 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 and submitted for certification, to the municipality overseeing the program, no later than three months after the program completion date. All audits received by the municipality should be forwarded to DRS through the MOVEit Secure File Transfer System.

The post-project audit must include:

- Name of tax-exempt organization/municipal agency;
 - Federal Employer Identification Number;
 - NAA program year;
 - Program title;
 - Program completion date;
 - Period covered;
 - Date(s) NAA funding was received;
 - Total amount of NAA funding received;
 - Total amount of unused NAA funding;
 - Total program expenditures;
 - Direct operating expenses – itemized description & cost;
 - Administrative expenses – itemized description & cost; **and**
 - Name of certified public accounting firm that prepared the post-project audit.
-

Informational Publication 2015(13), *The Connecticut Neighborhood Assistance Act Tax Credit Program*, has been modified and superseded and may not be relied upon on or after the date of issuance of the information above.



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
450 COLUMBUS BOULEVARD, SUITE 1 • HARTFORD, CT 06103-1837



March 2, 2026

The **Connecticut Neighborhood Assistance Act (NAA) Tax Credit Program** is designed to provide funding for municipal and tax-exempt organizations by providing a corporation business tax credit for businesses which make cash contributions to these entities.

Enclosed is the 2026 Neighborhood Assistance Act Program Proposal application for distribution to interested organizations in your municipality. The application must be completed in full, approved locally, and submitted to the Department of Revenue Services (DRS) no later than **July 1, 2026**. Note this deadline is set by statute.

A fillable **Form NAA-01, 2026 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**, is available on the DRS website at portal.ct.gov/DRS. Using the fillable Form NAA-01 enables you and your community organization to input information directly onto the form via computer.

Prior to your submission to DRS, your municipality must hold a public hearing on all programs, and the governing body of your municipality must vote to approve these programs. Copies of the public hearing notice and minutes of the meeting approving the programs must be submitted electronically with your applications. Contact DRS by email at NAAProgram@ct.gov to receive instructions on how to process your submission through our MOVEit Secure File Transfer System. NAA submissions will not be accepted on paper.

Please designate a liaison to handle all Neighborhood Assistance Act matters. You must enter the name, address, email address, telephone number, and fax number of your liaison in Part IV of the application. **DRS will directly notify your liaison by email of the programs that have been approved.** You must notify your participating organizations accordingly as DRS will not contact them directly.

Lastly, be reminded that 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. All audits received by the municipality should be forwarded to DRS, again through our MOVEit system. For further information on the post-project audit requirements, please refer to Conn. Gen. Stat. §12-637a.

E-mail any questions to NAAProgram@ct.gov or call 860-297-5687, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Mark D. Boughton

Commissioner, Department of Revenue Services

NAA-CVR (Rev. 02/26)

Enclosures

TOWN OF WALLINGFORD
SUMMARY LIST OF NEIGHBORHOOD ASSISTANCE PROGRAMS
June 9, 2026

	<u>AGENCY</u>	<u>TITLE</u>	<u>AMOUNT</u>	<u>Representative</u>
1	Columbus House	Wallingford Emergency Shelter	\$125,000	Alex Fox
2	Gaylord Hospital, Inc.	Energy Efficiency Upgrades	\$75,000	Roslyn Gilhuly
3	Gaylord Hospital, Inc.	Patient Programs and Services	\$75,000	Roslyn Gilhuly
4	Young Mens Christian Association of Wallingford, Inc./DBA Wallingford Family YMCA	YMCA Healthy Communities Campaign -- Just Add Water	\$150,000	Sean Doherty

Municipality: Town of Wallingford

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: _____
Columbus House, Inc.

Address: 586 Ella T Grasso Blvd. New Haven, CT 06519

Federal Employer Identification Number: 2 2 - 2 5 1 1 8 7 3

Program title: Wallingford Emergency Shelter

Name of contact person: Alexander Fox, Grants & Contracts Administrator

Telephone number: (203) 401-4400

Email address: afox@columbushouse.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 125,000.00

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: _____

Columbus House's Wallingford Emergency Shelter (WES) serves those who are homeless or at-risk by providing shelter and support services for families & individuals. Staff connects clients to healthcare, employment, and benefits programs with the goals of housing stability & establishing and maintaining income. WES provides shelter & case management year around with 2 apartment units and 2 supportive housing units and a seasonal shelter for 16 single adults. Our staff at WES includes one full-time case manager who serves both programs, as well as residential support staff who supervise the seasonal shelter.

Need for program: _____

In Wallingford, approximately 6,000 households, 33% of the total, are classified as ALICE (Asset Limited, Income Constrained, Employed), highlighting the gap between wages and cost of living. A minimum-wage worker earning \$16.35 per hour would need to work 70 hours per week to afford a modest one-bedroom apartment at the fair market rent of \$1,491. As of April 28, 478 individuals in the Middlesex/Meriden/Wallingford area are experiencing homelessness, including 174 unsheltered. The Wallingford Emergency Shelter (WES) addresses this need by providing immediate shelter and pathways to permanent housing.

Neighborhood area to be served: _____

All neighborhoods in the Town of Wallingford.

Plan to implement the program: _____

Provide shelter & case management to two families at a time and as many as 17 households over a 12 month period, as well provide shelter & case management for up to 16 single adults at a time during the five month winter program period. Staff will connect clients to natural supports (family, friends & community groups), behavioral health services, schools, job training & employment assistance programs, and benefits counseling among other mainstream services with the goal of at least 40% of clients exiting to a temporary or permanent housing solution.

Timetable:

Program start date: 7/1/2026
MM - DD - YYYY
Program completion date: 6/30/2027
MM - DD - YYYY
Post-project audit due date: 09-30-2027
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	<u>125,000</u>
Other funding sources - itemized sources:	
a) <u>Federal Grant Revenue</u>	<u>30,000</u>
b) <u>City & Other Grant Revenue</u>	<u>110,000</u>
c) <u>Rents, & Fees for Service</u>	<u>62,100</u>
d) <u>Fundraising Revenue</u>	<u>85,000</u>

Total Funding: 287,100

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>Salaries</u>	<u>188,159</u>
b) <u>Fringe Benefits</u>	<u>64,755</u>
c) <u>Occupancy Expenses</u>	<u>73,292</u>
d) <u>Office expenses, staff training, communication, client needs</u>	<u>17,565</u>

Administrative expenses - itemized description:

a) <u>Quality assurance, data processing</u>	<u>8,897</u>
b) <u>Audit expense, administrative contractual services</u>	<u>1,634</u>
c) <u>Management and Support Charges</u>	<u>41,602</u>
d) _____	_____

Total Proposed Expenditures: 395,904

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 Wallingford
Mailing address: _____ Town Hall, Room 311 45 South Main Street, Wallingford Connecticut 06492
Name of municipal liaison: Vincent Cervoni, Mayor
Telephone number: (203) 294-2070
Fax number: (203) 294-2073
Email address: programplanning@wallingfordct.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;">09-30-2027</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">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.

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. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission; 2-6 Activities & Governance; 7a-7b Revenue; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature block details: Sign Here (Robin Jenkins, Interim CEO), Preparer (Mary Kay Curtiss), Date (4/23/25), PTIN (P01551484), Firm Name (CliftonLarsonAllen LLP), Firm Address (29 South Main Street, 4th Floor, West Hartford, CT 06107), Phone no. (860) 561-4000.

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

Re: REMINDER: Neighborhood Assistance Act 2026 - Attn: Wallingford Applicants

From Alexander Fox <afox@columbushouse.org>
Date Wed 5/20/2026 1:53 PM
To Stacie McCarthy <smccarthy@wallingfordct.gov>
Cc Karen Gross <kgross@columbushouse.org>

 1 attachment (327 KB)
2026 NAA-01_0226_Filled out (2).pdf;

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon Stacie,

I hope you are doing well. I wanted to let you know that we are submitting Columbus House's NAA application. Please let us know if there is anything further you need from us or any additional information we can provide. We would appreciate a confirmation of receipt if possible.

Best,

Alexander

Alexander Fox
He/Him
Grants & Contracts Administrator
Development Department

Columbus House, Inc.
586 Ella T. Grasso Blvd.
New Haven, CT 06519
203-401-4400 EXT 873
www.columbushouse.org



From: Stacie McCarthy <smccarthy@wallingfordct.gov>

Sent: Tuesday, April 28, 2026 11:01 AM

To: Alexander Fox <afox@columbushouse.org>; rgilhuly@gaylord.org <rgilhuly@gaylord.org>; Hank Baum <hank.baum5@gmail.com>; Hank Baum <hbaum@mscu.net>; adrianak@mwchrysalis.org <adrianak@mwchrysalis.org>; ana@tricircle.org <ana@tricircle.org>; sdoherty@wallingfordymca.org <sdoherty@wallingfordymca.org>; wgsipresident@gmail.com <wgsipresident@gmail.com>; cbartholomew@gaylord.org <cbartholomew@gaylord.org>; mayor <mayor@wallingfordct.gov>; Vincent Cervoni <vcervoni@wallingfordct.gov>; Cori Hass <chass@wallingfordct.gov>; towngov <towngov@wallingfordct.gov>; Don Crouch <don.crouch@wallingfordct.gov>; Stacie McCarthy <smccarthy@wallingfordct.gov>; Dawn McCarthy <dmccarthy@wallingfordct.gov>

Cc: Don Crouch <don.crouch@wallingfordct.gov>; Stacie McCarthy <smccarthy@wallingfordct.gov>; Cori Hass <chass@wallingfordct.gov>; towngov <towngov@wallingfordct.gov>

Subject: REMINDER: Neighborhood Assistance Act 2026 - Attn: Wallingford Applicants

Good morning -

Just a friendly reminder that 2026 NAA applications must be received **no later than May 22, 2026**. See original email below and [click here](#) for notification posted on wallingfordct.gov.

Thanks,
Stacie

Stacie McCarthy

The Town of Wallingford

EDC / Program Planning Secretary

203.294.2060

smccarthy@wallingfordct.gov



From: Stacie McCarthy <smccarthy@wallingfordct.gov>

Sent: Thursday, March 12, 2026 11:14 AM

To: Alex Fox <afox@columbushouse.org>; Rgilhuly@gaylord.org <rgilhuly@gaylord.org>; Hank Baum <hank.baum5@gmail.com>; hbaum@mscu.net <hbaum@mscu.net>; Adriana Kelly <adrianak@mwchrysalis.org>; TriCircle <ana@tricircle.org>; sdoherty@wallingfordymca.org <sdoherty@wallingfordymca.org>; Wallingford Girls Softball League President <wgsipresident@gmail.com>; cbartholomew@gaylord.org <cbartholomew@gaylord.org>; mayor <mayor@wallingfordct.gov>; Vincent Cervoni <vcervoni@wallingfordct.gov>; Cori Hass <chass@wallingfordct.gov>; towngov <towngov@wallingfordct.gov>; Don Crouch <don.crouch@wallingfordct.gov>; Stacie McCarthy <smccarthy@wallingfordct.gov>; Dawn McCarthy <dmccarthy@wallingfordct.gov>

Cc: Don Crouch <don.crouch@wallingfordct.gov>; Stacie McCarthy <smccarthy@wallingfordct.gov>; Cori Hass <chass@wallingfordct.gov>; towngov <towngov@wallingfordct.gov>

Subject: Neighborhood Assistance Act 2026 - Attn: Wallingford Applicants

Good morning -

Attached, please find correspondence from Mayor Cervoni regarding deadlines and Town Council meeting date for the **2026 Neighborhood Assistance Act Program Applications**.

NAA Program information can be found on the [Connecticut Department of Revenue Services - Neighborhood Assistance Act \(NAA\) Tax Credit Program](#) page. Note, **2026 Form NAA-01** is attached or [click here](#) to access.

Please let me know if you have any questions.

Thanks,

Stacie

Stacie McCarthy

The Town of Wallingford

EDC / Program Planning Secretary

203.294.2060

smccarthy@wallingfordct.gov



Municipality: Wallingford

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: _____
Gaylord Hospital, Inc.

Address: 50 Gaylord Farm Road, Wallingford, CT 06492

Federal Employer Identification Number: 0 6 - 0 6 4 6 6 4 9

Program title: Energy Efficiency Upgrades

Name of contact person: Roslyn Gilhuly

Telephone number: (203) 949-2190

Email address: rgilhuly@gaylord.org

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

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: _____

Gaylord's buildings range from approximately 8 to 100+ years old. As a part of Gaylord's ongoing campus renewal plan, essential and unplanned repairs consider energy efficiency as a top priority after patient and worker care and safety needs. Gaylord's 'Facilities 5- Year Capital Strategic Plan' identifies the highest priorities for facility upgrades, equipment replacement and energy savings. The list of priorities each year exceeds allotted capital budget resources requiring deferral of maintenance and projects to subsequent years if funding is not secured.

Need for program: _____

Energy savings and efficiency improvements at a large organization in any community benefits not only those served by the organization but also the wider community. As Gaylord conducts regular and unplanned maintenance and repairs, updates to inefficient systems, fixtures, and equipment are completed. Dollars saved through these updates are reinvested in rehabilitation technology, workforce development and patient care. Gaylord spends an average of \$1 million on energy costs each year.

Neighborhood area to be served: _____

Neighborhood area to be served: Wallingford and Connecticut

Plan to implement the program: _____

Gaylord's Capital Strategic Plan contains energy efficiency projects that align with campus-wide repairs and upgrades identified in the annual budgeting process. Donations are solicited from individuals, government, businesses and foundations to support routine repairs and added upgrades, while the highest priority projects are included in the capital budget. Gaylord's campus dates to 1902, and modern energy efficiency upgrades make a major difference in patient comfort and care. Please see the attached for more information.

Timetable:

Program start date: 10-01-2025
MM - DD - YYYY

Program completion date: 12-31-2026
MM - DD - YYYY

Post-project audit due date: 03-31-2027
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	<u>\$75,000.00</u>
Other funding sources - itemized sources:	
a) <u>CONTRIBUTIONS, GRANTS & OTHER REVENUE</u>	<u>\$20,000.00</u>
b) <u>BUSINESS & CORPORATE DONATIONS</u>	<u>\$5,000.00</u>
c) <u>CAPITAL BUDGET</u>	<u>\$100,000.00</u>
d) _____	_____

Total Funding: \$200,000.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) <u>BOILER REPLACEMENTS & CONTROLLERS</u>	<u>\$37,000.00</u>
b) <u>FURNACE REPLACEMENTS</u>	<u>\$25,300.00</u>
c) <u>EXTERIOR DOOR REPLACEMENTS</u>	<u>\$15,000.00</u>
d) <u>GEOHERMAL & ENERGY EFFICIENCY FEAS. STUDY</u>	<u>\$100,000.00</u>

Administrative expenses - itemized description:

a) <u>DEVELOPMENT/FUINDRAISING COSTS</u>	<u>\$20,000.00</u>
b) <u>FACILITIES DEPT. PROJECT COORDINATION</u>	<u>\$50,000.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$247,300.00

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:	<u>Town of Wallingford</u>
Mailing address:	<u>Town Hall, Room 311, 45 South Main St. Wallingford, CT 06492</u>
Name of municipal liaison:	<u>Vincent Cervoni, Mayor</u>
Telephone number:	<u>203-294-2070</u>
Fax number:	<u>203-294-2073</u>
Email address:	<u>programplanning@wallingfordct.gov</u>

Post-Project Audit	
Is a post-project audit required for this proposal?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, date post-project audit due:	
<u>3-31-2027</u>	
Date	

PUBLIC DISCLOSURE COPY

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)

2023

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 2023 calendar year, or tax year beginning 10/01, 2023, and ending 09/30, 2024

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

C Name of organization: GAYLORD HOSPITAL, INC.
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 400, GAYLORD FARM ROAD
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: WALLINGFORD, CT 06492

D Employer identification number: 06-0646649

E Telephone number: (203) 284-2800

F Name and address of principal officer: SONJA LABARBERA
 SAME AS C ABOVE

G Gross receipts \$: 105,615,863

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.GAYLORD.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1991

M State of legal domicile: CT

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE HEALTH, MAXIMIZE FUNCTION AND TRANSFORM LIVES.		
	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	23
	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 2023 (Part V, line 2a)	5	1,206
	6 Total number of volunteers (estimate if necessary)	6	77
	7a 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	8 Contributions and grants (Part VIII, line 1h)	11,353,968	6,119,557
	9 Program service revenue (Part VIII, line 2g)	89,930,664	94,834,785
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,882,389	803,703
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	509,765	764,479
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,676,786	102,527,524
Expenses	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)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	65,177,428	68,485,065
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	1,310,804	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,243,424	31,368,834
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	94,420,852	99,853,899
19 Revenue less expenses. Subtract line 18 from line 12	9,255,934	2,673,625	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 132,042,214	End of Year: 133,851,057
	21 Total liabilities (Part X, line 26)	37,776,711	31,534,420
	22 Net assets or fund balances. Subtract line 21 from line 20	94,265,503	102,316,637

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: CHRIS HAYES, CFO
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KIM SCIFRES
 Preparer's signature: KIM SCIFRES
 Date: 07/09/2025
 Check if self-employed
 PTIN: P01316095
 Firm's name: CROWE LLP
 Firm's EIN: 35-0921680
 Firm's address: 4801 OLYMPIA PARK PLAZA, SUITE 4000, LOUISVILLE, KY 40241-2098
 Phone no.: (502) 326-3996

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 (2023)



Gaylord Hospital/Gaylord Specialty Healthcare
2026 Connecticut Neighborhood Assistance Act Program Proposal
Energy Efficiency Upgrades Program

Describe the program. Annually, Gaylord analyzes critical infrastructure needs, which inevitably pinpoint energy-saving projects that need to be addressed. This application is based on a current inventory of capital projects that affect energy efficiency. The highest priority projects for FY 2026 - 2027 include three boiler and controller replacements, door and window replacements and treatments, four furnace replacements, and HVAC upgrades. Additionally, Gaylord needs to conduct a feasibility study for campus-wide geothermal applications.

Demonstrate a need for this program. The cost of healthcare continues to rise in Connecticut and throughout the nation. Gaylord seeks ways to minimize costs in order to allocate resources toward patient care. With Medicaid and Medicare reimbursements at only 85-95% of actual costs, every dollar saved helps to support the financial health of Gaylord and keep costs down for our patients. HVAC systems, boilers, and furnaces are integral to creating comfortable environments for patients and essential cooling for computer and pharmaceutical storage requirements. On average, Gaylord spends nearly \$1 million on energy per year, including through life support systems for patients and power for essential medical equipment like ventilators, oxygenators, and rehabilitation equipment for patient therapy. While this is not an exhaustive list, the importance of energy for patient care is evident.

How the program will operate. Support sources listed in the enclosed budget are based on (1) fundraising goals for donations, (2) maintaining the hospital census at a sustainable rate so that there is a positive operating margin, and (3) a continued focus on controlling costs. A portion of the needed upgrades is supported by Gaylord's capital budget, which is dependent on the operating margin. The Facilities team will complete most work, maximizing savings through volume discounts, group purchasing agreements, the competitive bidding process, applicable energy rebates, and coordination of projects.

The Program's Benefit to the Community. Energy savings benefit the greater community. They affect Gaylord's impact on the environment and the cost of energy for all. By keeping operating costs as low as possible, patients staff, volunteers, and Gaylord's community members will benefit.

Measures Used to Determine the Program's Impact on the Community. In the past four years, Gaylord has installed LED fixtures inside and outside campus buildings; updated air conditioning systems, boilers and air filtration; replaced doors and insulation; and increased 'green' initiatives such as automatic light switches. In addition, the replacement of windows and doors around the campus provides significant energy savings and increases value in building safety, accessibility, historic preservation, and the overall patient experience. Gaylord's Strategic Capital Plan includes multiple energy efficiency projects, hospital upgrades for compliance requirements, planned replacements for outdated/inefficient systems, and routine and emergency building maintenance. In total, the planned energy efficiency upgrades continue to increase energy savings year over year.

Thank you in advance for your consideration. Please contact Roslyn Gilhuly, AVP Development | Executive Director, The Gaylord Foundation at (203) 949-2190 or rgilhuly@gaylord.org with any questions or if you need additional information.

Gaylord's NAA applications

From Bartholomew, Cynthia <cbartholomew@gaylord.org>

Date Fri 5/15/2026 4:03 PM

To Stacie McCarthy <smccarthy@wallingfordct.gov>

Cc Bartholomew, Cynthia <cbartholomew@gaylord.org>

 2 attachments (3 MB)

NAA-01_0226_Fillable - Energy Efficiency Application - Gaylord Final Packet.pdf; NAA-01_0226_Fillable - Patient Care Application - Gaylord Final Packet.pdf;

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Stacie,

I have attached our NAA applications for Patient Care and Energy Efficiency. I hope you have a great weekend!

Best,
Cindy

Cynthia Bartholomew, MBA

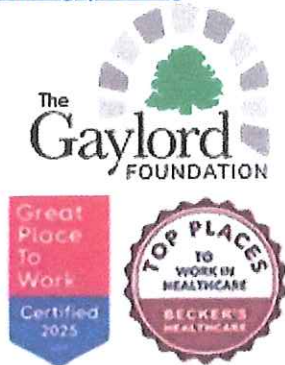
Grants and Stewardship Manager

Office (203) 284-2844

Fax (203) 284 3586

cbartholomew@gaylord.org

www.gaylord.org



Disclaimer

Our Mission is to enhance health, maximize function and transform lives. CONFIDENTIALITY NOTICE: This e-mail transmission, together with any attachments, is intended for the use of the individual or entity to which it is addressed and may contain personal information that is subject to federal, state and other regulatory agency privacy regulations. The authorized recipient of this information should refrain from further disclosure, unless required to do so by law. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, saving, printing, copying, or action taken in reliance on contents and/or attachment(s) of this message is strictly prohibited, and the original sender should be promptly notified..

Municipality: Wallingford

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: _____
GAYLORD HOSPITAL, INC.

Address: 50 GAYLORD FARM ROAD, WALLINGFORD, CT 06492

Federal Employer Identification Number: 0 6 - 0 6 4 6 6 4 9

Program title: PATIENT PROGRAMS AND SERVICES

Name of contact person: ROSLYN GILHULY

Telephone number: (203) 949-2190

Email address: RGILHULY@GAYLORD.ORG

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 75,000.00

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): HEALTHCARE AND REHABILITATION FOR PATIENTS W COMPLEX CONDIT

Description of program: _____

Gaylord provides long-term inpatient and outpatient specialty rehabilitation for persons who have experienced a life-altering event such as a spinal cord injury, brain injury, stroke, COVID-19 or cardiopulmonary event. Donations supplement earned income from insurance, cover gaps in coverage; provide essential patient programs, services and technology that go beyond ordinary care; and improve patients' long-term recovery and return to the community. Please see the attachment explaining the key aspects of rehabilitation.

Need for program: _____

The outstanding clinical and medical care 14,000+ patients receive at Gaylord each year improves independence, quality of life, and community reintegration for people learning to live with a new disability. By helping patients achieve the best possible outcomes, Gaylord's work helps decrease overall healthcare costs, returns patients and injured workers to family and jobs. Gaylord is the only healthcare system in CT that holds both inpatient and outpatient national accreditation with three additional sub-specialty accreditations: Spinal Cord Injury, Brain Injury and Stroke.

Neighborhood area to be served: _____

Wallingford and Connecticut

Plan to implement the program: _____

Gaylord's Think Possible mindset is focused on creating outstanding patient outcomes through the recruitment, education, and retention of talented Physical Medicine & Rehabilitation (PM&R) doctors, LPNs and RNs, and CNA and PCT candidates. We accomplish this through the PM&R and Nurse Residency programs, CNA training academy, rehabilitation research and innovation, focused education, and campus renewal. Donations from individuals, companies, foundations and local businesses support all aspects of Gaylord's equitable care and expansive services

Timetable:

Program start date: 10-01-2025

MM - DD - YYYY

Program completion date: 12-31-2026

MM - DD - YYYY

Post-project audit due date: 03-31-2027

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	<u>\$75,000.00</u>
Other funding sources - itemized sources:	
a) <u>CONTRIBUTIONS, GRANTS & OTHER REVENUE</u>	<u>\$4,190,319.00</u>
b) <u>PROGRAM SERVICE REVENUE</u>	<u>\$94,834,785.00</u>
c) _____	_____
d) _____	_____

Total Funding: \$99,100,104.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>PATIENT CARE & PROGRAM SERVICES</u>	<u>\$83,988,846.00</u>
b) _____	_____
c) _____	_____
d) _____	_____

Administrative expenses - itemized description:	
a) <u>HOSPITAL INDIRECT \$- HR, PR, DEVELOPMENT ETC</u>	<u>\$14,554,249.00</u>
b) <u>FUNDRAISING EXPENSES</u>	<u>\$1,310,804.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$99,853,899.00

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:	<u>Town of Wallingford</u>
Mailing address:	<u>Town Hall, Room 311, 45 South Main St. Wallingford, CT 06492</u>
Name of municipal liaison:	<u>Vincent Cervoni, Mayor</u>
Telephone number:	<u>203-294-2070</u>
Fax number:	<u>203-294-2073</u>
Email address:	<u>programplanning@Wallingfordct.gov</u>

Post-Project Audit
Is a post-project audit required for this proposal?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, date post-project audit due:
<u>3-31-2027</u>
Date

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

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 **2023** calendar year, or tax year beginning 10/01, 2023, and ending 09/30, 2024

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

C Name of organization: GAYLORD HOSPITAL, INC.
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 400, GAYLORD FARM ROAD
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: WALLINGFORD, CT 06492

D Employer identification number: 06-0646649

E Telephone number: (203) 284-2800

F Name and address of principal officer: SONJA LABARBERA
 SAME AS C ABOVE

G Gross receipts \$: 105,615,863

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.GAYLORD.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1991

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: TO ENHANCE HEALTH, MAXIMIZE FUNCTION AND TRANSFORM LIVES.		
	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	23
	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 2023 (Part V, line 2a)	5	1,206
	6	Total number of volunteers (estimate if necessary)	6	77
	7a	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	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	11,353,968	6,119,557
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,930,664	94,834,785
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,882,389	808,703
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,676,786	102,527,524
Expenses	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)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	65,177,428	68,485,065
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,310,804	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,243,424	31,368,834
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	94,420,852	99,853,899	
19	Revenue less expenses. Subtract line 18 from line 12	9,255,934	2,673,625	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	132,042,214	133,851,057
	22	Net assets or fund balances. Subtract line 21 from line 20	37,776,711	31,534,420
			94,265,503	102,316,637

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: _____ Date: _____
 CHRIS HAYES, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: KIM SCIFRES Preparer's signature: KIM SCIFRES Date: 07/09/2025
 Check if self-employed PTIN: P01316095
 Firm's name: CROWE LLP Firm's EIN: 35-0921680
 Firm's address: 4801 OLYMPIA PARK PLAZA, SUITE 4000, LOUISVILLE, KY 40241-2098 Phone no.: (502) 326-3996

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** (2023)



**Gaylord Hospital/Gaylord Specialty Healthcare
2026 Connecticut Neighborhood Assistance Act Program Proposal -Patient
Programs and Services**

Gaylord's application for funding is based on the operating expenses of key areas within the broad spectrum of Patient Programs and Services offered at Gaylord, namely *Patient & Indigent Patient Care, Adaptive Sports & Therapeutic Recreation, Clinical & Community Education, Outpatient Pain Management, and Technology & Equipment*. These programs overlap and complement each other to provide the best possible patient experiences and medical outcomes. Our goal is to reach \$75,000 in donations for Patient Programs and Services.

Patient Care: Gaylord is nationally known for excellence in the treatment of complex medical conditions and rehabilitation services. Gaylord is highly accredited by both the Commission on Accreditation of Rehabilitation Facilities and The Joint Commission. We accept all types of healthcare insurance, including Medicaid. Care for uninsured or low income patients is provided through a Free Bed Fund, Financial Assistance Policy, and fundraising efforts. Gaylord's modest Special Needs Fund helps patients pay for medically necessary equipment, supplies and home needs that insurance will not cover. This allows patients to return home more quickly and decreases the overall cost of care. In addition to a 137-bed hospital, Gaylord has seven outpatient clinics across Connecticut. In Wallingford, a new Interventional Pain Center offers non-invasive pain relief treatments.

Adaptive Sports & Therapeutic Recreation: The Gaylord Sports Association offers 18 adaptive sports and recreation opportunities for community members, including veterans, with a permanent physical or visual disability. For inpatients, certified therapeutic recreation staff conduct activities that help with the rehabilitation process, socialization skills, and improvement of physical function, including art, music, horticulture, and crafts programs. Music Therapy is offered to all patients, with targeted rehab for stroke patients. Insurance does not cover any of these services despite their essential roles in recovery of function and these programs are not included in hospital fees for care. Therefore, philanthropy supports operating costs and equipment. Each year Gaylord Sports Association serves more than 200 former patients, general community members, and veterans and therapeutic recreation serves 1,400+ inpatients.

Clinical & Community Education: Gaylord's Center for Education provides ongoing education and certificate programs for nursing technicians, nurses, doctors, and clinicians. Programs include Connecticut's first Physical Medicine & Rehabilitation (PM&R) residency, the Vizient/AACN Nurse Residency Program™, and its own Certified Nursing Assistant (CNA) Academy. These services increase the number of healthcare workers available in our state and the level of skills of those practicing. Our professional staff provide education about various medical and clinical topics throughout the community and nation. Gaylord is an active member of *ThinkFirst*®, a national program designed to educate young people about preventing brain and spinal cord injury through responsible decision-making. More than 1,000 Wallingford area students participate in *ThinkFirst*® programs each year.

Healthcare Technology & Equipment: Gaylord's Milne Institute for Healthcare Innovation coordinates clinical research, new product development, and advanced technology acquisitions for rehabilitation and medical care. To provide patients with the very best care, Gaylord must continually update and upgrade its technology. Advanced technology includes full-body wearable robotic equipment, computerized therapeutic options, and functional electrical muscle stimulation. Technology greatly increases patient's ability to return to their maximum function and independence. Donations purchase robotic, kinetic, and therapeutic equipment that simulates various walking terrains, stimulates muscles, and moves limbs to increase patient mobility, strength, and balance. For example, the purchase of treadmills like those used at NASA allows neurologic and orthopedic patients to walk or run in an anti-gravity environment and to recover faster with less pain. One piece of such equipment can cost \$250,000 and serve hundreds each year.

Please contact Roslyn Gilhuly, AVP Development | Executive Director, The Gaylord Foundation at (203) 949-2190 or rgilhuly@gaylord.org with any questions you may have or if you need additional information. Thank you for your consideration.

Gaylord's NAA applications

From Bartholomew, Cynthia <cbartholomew@gaylord.org>

Date Fri 5/15/2026 4:03 PM

To Stacie McCarthy <smccarthy@wallingfordct.gov>

Cc Bartholomew, Cynthia <cbartholomew@gaylord.org>

 2 attachments (3 MB)

NAA-01_0226_Fillable - Energy Efficiency Application - Gaylord Final Packet.pdf; NAA-01_0226_Fillable - Patient Care Application - Gaylord Final Packet.pdf;

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Stacie,

I have attached our NAA applications for Patient Care and Energy Efficiency. I hope you have a great weekend!

Best,
Cindy

Cynthia Bartholomew, MBA

Grants and Stewardship Manager

Office (203) 284-2844

Fax (203) 284 3586

cbartholomew@gaylord.org

www.gaylord.org



Disclaimer

Our Mission is to enhance health, maximize function and transform lives. CONFIDENTIALITY NOTICE: This e-mail transmission, together with any attachments, is intended for the use of the individual or entity to which it is addressed and may contain personal information that is subject to federal, state and other regulatory agency privacy regulations. The authorized recipient of this information should refrain from further disclosure, unless required to do so by law. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, saving, printing, copying, or action taken in reliance on contents and/or attachment(s) of this message is strictly prohibited, and the original sender should be promptly notified..

Municipality: Town of Wallingford

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: _____
Young Mens Christian Association of Wallingford, Inc./DBA Wallingford Family YMCA

Address: 81 South Elm Street, Wallingford, CT. 06492

Federal Employer Identification Number: 0 6 - 0 6 4 6 9 8 7

Program title: YMCA Healthy Communities Campaign - Just Add Water

Name of contact person: Sean Doherty, Executive Director

Telephone number: (203) 269-4497

Email address: sdoherthy@wallingfordymca.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>
--

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 proposed renovations and expansion will create a modern, vibrant, gathering place for all; providing wellness, recreation, and chronic disease prevention for those who live and work in Wallingford and surrounding communities. We have phased construction and fundraising plans that will allow us to retain, expand and renovate both branches, while being fiscally responsible ensuring strong YMCA operations. The YMCA is seeking support through the Neighborhood Assistance Act (NAA) to help fund the installation of energy-efficient HVAC systems for our new Aquatics Center.

Need for program: _____

For over 81 years, our YMCA has been at the heart of the community. Each year more than 13,000 members and community participants are engaged with YMCA programs and activities at our 2 branches and 15 program sites. Usage in both of our pools has consistently outpaced capacity throughout the last decade. Besides the overcrowded YMCA pools, we rent additional pool space to provide for the program demand. In addition the growing demand for swim lessons, water therapy classes and the benefits of water exercise has driven the vision for this project. This demand continues to increase rapidly, requiring more aquatics offerings and this facility.

Neighborhood area to be served: _____

Greater Wallingford community, including the communities of Meriden, North Haven, Durham, Cheshire, Hamden, Northfield, Middlefield and New Haven.

Plan to implement the program: _____

Our Aquatics Center addition and interior improvements to the West Side YMCA will hopefully begin later Summer 2026. The Inland/Wetlands Commission approved our site plan on May 7, 2025. The Planning and Zoning Commission approved our project on June 9, 2025. We have gone out to public bid and selected our Design Build Contractor in November 2025. The construction design documents and Civil Engineering design will be completed by the end of May 2026. Based on fundraising progress, this project will be proposed to the YMCA Board of Directors in early June 2026 for a Summer 2026 start date, completion by Fall 2027.

Timetable:

Program start date: 08-01-2026
MM - DD - YYYY

Program completion date: 09-30-2027
MM - DD - YYYY

Post-project audit due date: 12-31-2027
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	<u>\$150,000.00</u>
Other funding sources - itemized sources:	
a) <u>Federal Funding</u>	<u>\$1,750,000.00</u>
b) <u>State Funding</u>	<u>\$1,750,000.00</u>
c) <u>Corporate/Individual/Foundation Giving</u>	<u>\$5,650,000.00</u>
d) <u>Bank Financing</u>	<u>\$2,000,000.00</u>
Total Funding:	<u>\$8,500,000.00</u>

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Increase program space for youth and families</u>	<u>\$1,000,000.00</u>
b) <u>Expand Lobby, ADA Accessibility and circulation</u>	<u>\$750,000.00</u>
c) <u>Construct an 8 lane pool, splashpad, locker rooms, pool eqt</u>	<u>\$5,850,000.00</u>
d) <u>Energy efficient HVAC, Heat Pumps, Exhaust fans and duc</u>	<u>\$900,000.00</u>
Administrative expenses - itemized description:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Proposed Expenditures: \$8,500,000.00

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 Wallingford
Mailing address:	_____
	Town Hall, Room 311, 45 South Main Street, Wallingford, CT. 06492
Name of municipal liaison:	Mayor Vincent Cervoni/Stacey McCarthy
Telephone number:	(203) 294-2070
Fax number:	(203) 294-2073
Email address:	smccarthy@wallingfordct.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>12-31-2027</u></p> <p style="text-align: center;">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.

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. E-mail any questions to NAAProgram@ct.gov or call **860-297-5687**, Monday through Friday, 8:30 a.m. to 4:30 p.m. for more information.

Return of Organization Exempt From Income Tax

2024

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: YMCA OF WALLINGFORD INC. D Employer identification number: 06-0646987. E Telephone number: (203) 269-4497. G Gross receipts: \$ 7,134,369. F Name and address of principal officer: WALLINGFORD, CT 06492. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WALLINGFORDYMCA.ORG. K Form of organization: Corporation. L Year of formation: 1944. M State of legal domicile: CT.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO STRENGTHEN THE FOUNDATION OF THE COMMUNITY THROUGH PROGRAMS, SERVICES, AND RELATIONSHIPS... 2 Check this box if the organization discontinued its operations... 3-7a Summary statistics (voting members, independent members, employees, volunteers, revenue). 8-12 Revenue breakdown (contributions, program service, investment, other). 13-19 Expenses breakdown (grants, benefits, salaries, fundraising, other). 20-22 Net assets or fund balances at beginning and end of year.

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: SEAN DOHERTY, EXECUTIVE DIRECTOR. Signature of officer and Date fields.

Paid Preparer Use Only: JOHN J VISCONTI, VISCONTI & ASSOCIATES, PC, 444 FOXON ROAD, EAST HAVEN CT 06513. Date: 06-14-2025. PTIN: P00027180. Phone no.: 203-865-2927.

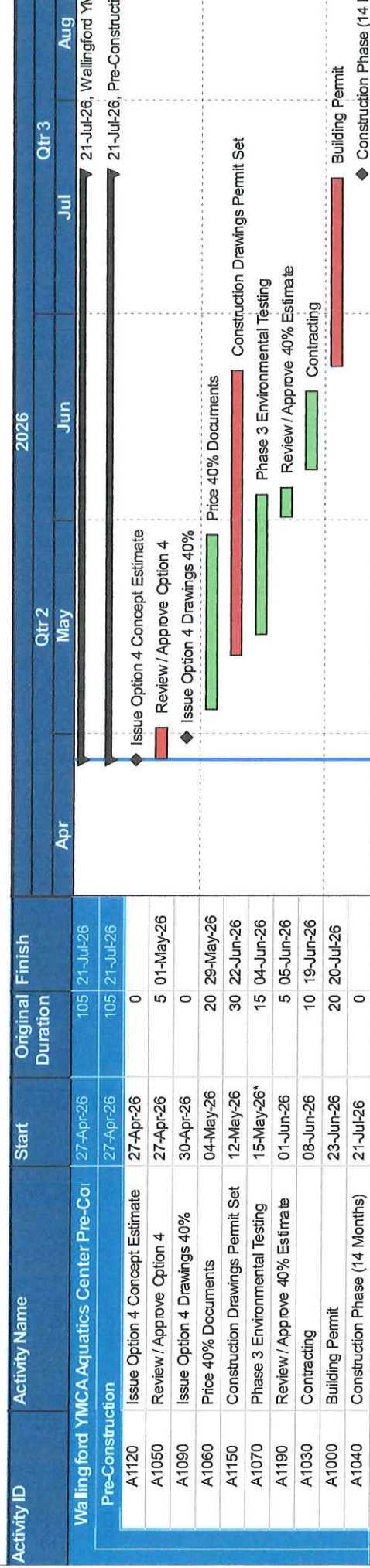
May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Wallingford Family YMCA - West Side Aquatics Center

Draft MILESTONE Schedule

Wallingford, CT



Date	Revision	Checked	Approved
11-Dec-25	Schedule Updated		
21-Jan-26	Schedule Revised		
24-Feb-26	Schedule Updated		
29-Apr-26	Schedule Updated		

█ Actual Work
█ Remaining Work
█ Critical Remaining
◆ Milestone
➔ Summary



JUST ADD WATER





OUR NEED

Usage in both of our pools has consistently outpaced capacity throughout the last decade. Currently the YMCA rents pool space from Choate Rosemary Hall to provide program space for its programs. In addition the growing demand for water therapy classes and the benefits of water exercise has driven the vision for this project. This demand continues to increase rapidly, thus requiring a larger aquatics facility whose operations perform to the highest of standards. Each & every individual who enters our YMCA facility should have the confidence that their experience at the Y is nothing short of excellent.

WHAT AREA RESIDENTS WANT

In a recent Community Needs Assessment & Membership Feasibility Study, participants were asked how interested they are first, in the project and if so, what amenities they would like to see from a list of 10 options. Of these, those most likely to attract usage & will attract between 1,500-2,500 new members in the first 12 months are:

Exercise Channel & Lazy River

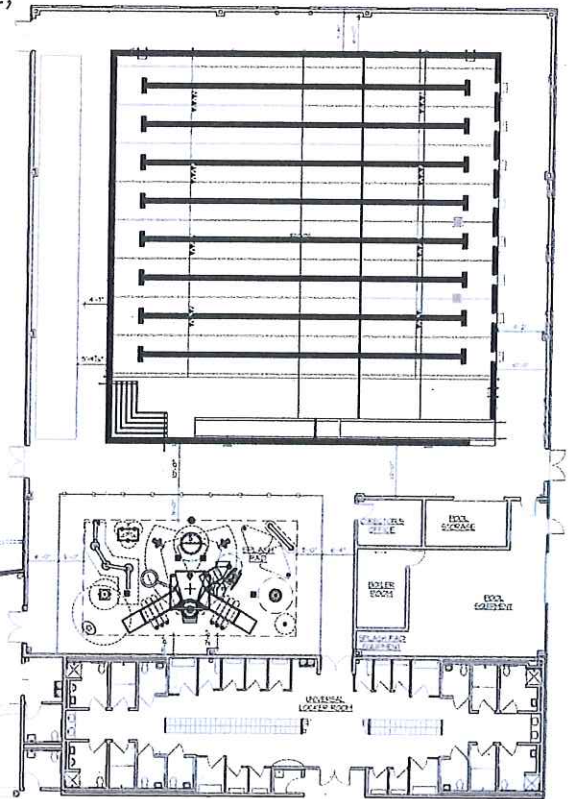
Zero Depth Entry

Indoor Multi-Purpose Pool

Splash Pad & Water Park Features

OUR PLAN

Our goal is to create a modern, vibrant, gathering place for all, providing educational opportunities, childcare, youth development, wellness and chronic disease prevention for those who live & work in Wallingford and the surrounding communities. Planned improvements at our West Side location will focus on expanding aquatics opportunities, enhancing wellness and program spaces, and creating more welcoming, accessible areas for members and families. These updates are being designed to better serve individuals of all ages, strengthen community connections, and support the growing needs of our region, now and for generations to come.



OUR COMMUNITY

The Y is the premier aquatics facility in town and supports almost 1,000 individuals per week. Both our four lane lap pool as well as our warm water teaching & therapy pool allow us to develop programs which serve the ever changing needs of our greater community. These pools facilitate our partnerships with the **Spanish Community of Wallingford** and the **Ulbrich Boys & Girls Club**, in addition to providing pool space for **ACES**, **Benhaven School**, **Mosaic of Connecticut** and **North Branford & Wallingford Transitional**. The Y is the home for the nationally recognized competitive **Dolphins Swim Team**. Our commitment to the aquatics community is wide & deep and we must provide a facility that can exceed its expectations.

1436

Swim Lessons Taught Per Year

5430

Swimmers In Our Pools Each Year

489

Water Aerobics Participants

121

Competitive Swim Team Athletes

OUR COMMITMENT

Over 80 years ago, the Wallingford Family YMCA opened its doors to welcome our community in its collective pursuit of a healthy lifestyle. Day after day, year after year, we have remained steadfast in our commitment to delivering lasting personal and social change to every individual, regardless of ability. Pursuits develop and needs evolve, yet our responsibility to bring together and strengthen our community has endured with clarity and purpose.

Our Y has been a cornerstone of the community since 1944. We have woven the story of how individuals and families learned to swim, prepared for school through early childcare programs, were safe and nurtured through before & after school programs, adopted healthy habits and rehabilitated from the discomfort of chronic disease. With two locations in Wallingford, it is a hub of wellness where 10,000 members come together to collectively strengthen mind, body and spirit. Each year, over 13,000 people come through the doors to connect with their "Y Family" in pursuit of a healthy lifestyle. Today, our community seeks solutions to complex challenges as individuals pursue the same goals of healthy mind, body and spirit. The Y will respond with the same unwavering commitment to community wellness that inspired the establishment of our organization.



OUR VISION

Our pools inspire our members to achieve their goals, whether it is a competitive athlete, first time swimmer, or member of our special needs community.

Our pools provide the opportunity to strengthen the body while building character.

Our pools are a place where the community comes together to pursue ambitions.

Our pools change the lives of everyone who just adds water.

Help us **JUST ADD WATER** and bring a year-round, state of the art aquatic center to the greater Wallingford community.

Please visit wfy-jaw.org for more information or to make a donation.

To help connect us to other individuals or businesses that might be interested in supporting our efforts please contact Sean Doherty at 203-269-4497 x129 or sdoherty@wallingfordymca.org

WALLINGFORD FAMILY YMCA
wfy-jaw.org



OFFICE OF THE MAYOR
TOWN OF WALLINGFORD
CONNECTICUT

8

Vincent Cervoni
Mayor

45 South Main Street
Wallingford, CT 06492
Phone: (203) 294-2070

June 2, 2026

Wallingford Town Council
45 South Main Street
Wallingford, CT 06492

ATTN: Vincent Testa, Chairman

Dear Council Members:

I am writing to request an additional appropriation of \$390,136 to the 2026 Town Wide Paving Program in the CNR Fund. There is \$390,136 available from the General Fund. During the 2025-2026 Budget Process only \$1,710,864 of projects were appropriated in the CNR Fund but \$2,101,000 was appropriated to be transferred from the General Fund to the CNR Fund.

Should you have any questions or comments, please contact me.

Sincerely,

Vincent Cervoni
Mayor

Cori Hass

9

From: Vincent Testa
Sent: Monday, June 1, 2026 12:47 PM
To: Cori Hass; Kristen Panzo
Subject: Re: Agenda Item for June 9

Please add this to the pile, as well.

"Discussion on establishing a committee to explore options for outdoor dining, use of town spaces, and developing plans to enhance the commercial activities in town."

Vincent Testa

Chairman, Wallingford Town Council
203-675-4079
www.wallingfordct.gov

PUBLIC RECORDS NOTICE:

Under the Connecticut Freedom of Information Act(C.G.S. § 1-200 et seq.), all email messages sent to or from this address in the conduct of municipal business are public records and may be subject to inspection and disclosure. This communication is also subject to [municipal records retention requirements](#).

 [Book time to meet with me](#)

From: Cori Hass <chass@wallingfordct.gov>
Sent: Friday, May 29, 2026 12:37 PM
To: Vincent Testa <vtesta@wallingfordct.gov>; Kristen Panzo <k.panzo@wallingfordct.gov>
Subject: RE: Agenda Item for June 9

I will add this to the pile. Thank you!

Cori Hass

Administrative Aide
Mayor Cervoni's Office
45 S. Main Street
Wallingford, CT 06492
chass@wallingfordct.gov
Tel: 203-294-2070
Fax: 203-294-2073

From: Vincent Testa <vtesta@wallingfordct.gov>
Sent: Friday, May 29, 2026 11:58 AM