

Town of Wallingford, Connecticut

DONALD W. ROE

1919:

WALLINGFORD TOWN HALL 45 SOUTH MAIN STREET WALLINGFORD. CONNECTICUT 06492 TELEPHONE: (203) 294-2060

June 2, 1992

William W. Dickinson, Jr., Mayor Town of Wallingford Wallingford, Connecticut 06492

Dear Mayor Dickinson:

Under the Neighborhood Assistance Program, non-profit agencies that serve Wallingford residents are eligible to receive grants from private businesses. In return, these companies receive State tax credits for those grants for eligible projects.

In accordance with the State legislation, we have solicited applications for the current round of funding. Our deadline for applications was May 29, 1992. Attached is a packet including a summary of the applications and a copy of all applications.

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. I would, therefore, appreciate it if you would place this item on the Town Council agenda for the June 9, 1992, meeting and ask that the Town Council set a public hearing date for June 23, 1992, their next regular meeting.

The legislation does not impose any further requirements or restrictions on the Town except for the public hearing and approval of projects through passage of a resolution, a copy of which is attached. All projects will be the sole responsibility of those who submitted

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

truly yours, Roe State & Federal Program Administrator

DWR:1mw

Attachments

printed on 102% replated paper

SUMMARY LIST OF NEIGHBORHOOD ASSISTANCE PROGRAMS

June 2, 1992

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AGENCY	TITLE		AMOUNT
Boys & Girls Club of Wallingford, Inc.	Silver Anniversary Capital Building Program	\$1	,700,000
The Curtis Home Corp.	<u>Children's Program</u> Station Wagon	\$	18,500
	Children's Work Experience Program	\$	5,200
	Outdoor Playscape	\$	5,000
	Staff Training Program	\$	3,000
	Word Processing for Clinical Department	\$	2,500
	Summer Cottage Experience	\$	2,000
	Children's Recreational Games and Equipment	\$	1,500
The Curtis Home Corp.	Elderly Program Handicap Accessible Vehicle	\$	39,600
	Senior Fitness Center	\$	18,000
	House Care	\$	12,000
	Large Screen Television Set	\$	2,800
	Table Linens for the Elderly	\$	450
amily Service of Central CT	Counseling/Families and Individuals	\$	30,000
lunior Achievement of			
South-East CT, Inc.	Project Business	\$	750
allingford Committee on Aging	Senior Citizens Cntr Power Access Door	\$	6,000
allingford Family YMCA	Teen Outreach Center	\$	3,000

Wallingford Comm Aging

Wallingford Famil

AGENCY	TITLE	-	AMOUNT
Wallingford Historical Soc.	Restoration and Repair of Samuel Parsons House	\$	60,000
YWCA of Meriden	Open DOHR	\$	20,000
	Sexual Assault Crisis Service	\$	5,000

PREVIOUSLY APPROVED MULTI-YEAR PROJECTS

Gaj cora Hospital

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Equipment Purchase & Capital Improvement Prog. \$ 200,000

6/2/92

Department of Human Resources RECEIVED	-
CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)	
All items must be completed. Please type or print clearly. PROGRAM PLANNING	
1. ORGANIZATION/AGENCY Boys & Girls Club of Wallingford, Inc.	
2. PROGRAM TITLE Silver Anniversity Capital Building Program	
3. ADDRESS72 Grand Street	
Wallingford, CT 06492	
4. CONTACT PERSON AT AGENCY Nick Meucci, President	
5. PHONE 269-6082	
6. ORGANIZATION TYPE: X Tax Exempt Municipal Agency Other (Specify)	
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0801966 (nine digit #)	
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) The Capital Building Program	
has been designed to construct a New Community Center which will address	5
a variety of needs in the community including positive programing for	
Youth at Risk, Day Care, Latch Key Programs, Drug & -Alchol programs.	
The Boys & Girls Club Community Center will serve as the central focus	
for Community Social Service.	
9. NEED FOR PROGRAM A Comprehensive feasibility study showed an overwhelming	; - [
need for the project as well as the fact it addresses several of the ke needs indentified on the United Way Priorty list. 10. FUNDS REQUIRED § 1,700,000 .	Y
11. IMPLEMENTATION PLAN & TIMETABLE Ground Breaking Summer 1992 completion 1	
vear later.	
12. NEIGHBORHOOD/AREA TO BE SERVED Entire Community of Wallingford	
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 108	
14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 15%	
** Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.	•

•	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
λJ	l items must be completed. Please type or print clearly.
L.	ORGANIZATION/AGENCY Curtis Home Children's Program
2.	PROGRAM TITLE Station Wagon
. ל.	ADDRESS 380 Crown Street
	Meriden, CT 06450
4.	CONTACT PERSON Michael S. Rohde, Executive Director
5.	PHONE 237-9526
6.	ORGANIZATION TYPE: X Tax Exempt Municipal Agency Other (Specify)
7,	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments) Station Wagon will serve
	the transportation needs of the agency, which includes Residential treatment
	for 25 children, Day Treatment Program, Curtis School, and the Permanent
	Family Care Brogram.
•	
10. E	other specialized treatment facilities, clothing stores, athletic and other recreational activities, and educational field trips. FUNDS REQUIRED \$
12. N	
	EIGHEORHOOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut
14. PI	ERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100% ERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF HE POVERTY LEVEL 100%
** P. d	lease note that all correspondence concerning this program will be sent irectly to your municipal liaison responsible for implementing the eighborhood Assistance Act Program locally.

	partment of Human Resources
	GHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
All items must be completed.	Please type or print clearly.
1. ORGANIZATION/AGENCY	Curtis Home Children's Program
2. PROGRAM TITLE	Children's Work Experience Program
3. ADDRESS	<u>380 Crown Street</u>
	<u>Meriden, CT 06450</u>
4. CONTACT PERSON	Michael S. Rohde, Executive Director
5 PHONE	
M	ax Exempt Unicipal Agency ther (Specify)
7. FEDERAL TAX IDENTIFICATION	NTIMEED • 4
8. PROGRAM DESCRIPTION (Do Not	Forward Attachments) The Children's Work Experience
Program provides the oppor	tunity for every child to work and earn money. This
program is designed to help	the child view work as a positive experience, to
teach simple money manageme	ent skills, and to teach accountability. All
	or any damage or theft. The funds requested are
for the wages paid to the c	hildren.
). NEED FOR PROGRAM The work e	xperience is a crucial part of helping our children
who come from backgrounds of reality of work. Ø. FUNDS REQUIRED \$\$5,200	f abuse and neglect and with no exposure to the
funding support is required	BLE The program is presently operational, but
2. NEICHBODUCCO (See	for the coming year (January - December).
3 PERCENTING OF THE	D Meriden/Wallingford and Central Connecticut.
PERCENTION OF PEOPLE DIRECTLY	SERVED BY THIS PROGRAM WHO ARE DISABLED 100%
THE POVERTY LEVEL 100%	SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
	espondence concerning this program will be sent

•	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse) -
A11	items must be completed. Please type or print clearly.
1.	ORGANIZATION/AGENCY Curtis Home Children's Program
2.	PROGRAM TITLE Outdoor Playscape
	ADDRESS 380 Crown Street
	Meriden, CT 06450
4.	CONTACT PERSON Michael S. Rohde, Executive Director
5.	PHONE 237-9526
0.	ORGANIZATION TYPE: Tax Exempt Municipal Agency Other (Specify)
7	FEDERAL TAX IDENTIFICATION NUMBER: #06-0692375
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments)
	Outdoor recreation equipment for Curtis Home children for physical exercise.
	conditioning, and fine and gross motor development coordination.
•	
9.	NEED FOR PROGRAM Currently we have very limited outdoor recreational
	equipment.
10.	FUNDS REQUIRED \$ 5,000
11.	IMPLEMENTATION PLAN & TIMETABLE As soon as funds are available.
12.	NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut
13.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%
14.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 100%
(Please note that all, correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.

·. · ·		artment of Human Resources
	\~	BORHOOD ASSISTANCE ACT PROJECT PROPOSAL
AL.	l items must be completed. F	lease type or print clearly.
1.	ORGANIZATION/AGENCY	Curtis Home Children's Program
2.	PROGRAM TITLE	Staff Training Program
3.	ADDRESS	380 Crown Street
		Meriden, CT 06450
4.	CONTACT PERSON	Michael S. Rohde, Executive Director
5.	PHONE	237-9526
8.	FEDERAL TAX IDENTIFICATION NU	<pre>icipal Agency er (Specify) MBER: # 06-0692375 Orward Attachments) Staff training and updating</pre>
	2. Planning, implementa	dation, and treatment of sexual abuse.
	and treatment strates	tion, and evaluation of therapeutic interventions
- <u>-</u>	4. Adopting the older ab	logical theory and testing to group care program.
. NE	ED FOR PROGRAMAlthough at a f	ild and other child placement issues.
iı	a specific areas identified	training is ongoing, periodic updating of knowledge
9. FU	NDS REQUIRED \$ 3,000	pove is needed for all staff members.
wi Wi NEI	II DE SPREAD OVER IZ MONCHS. GHBORHOOD/AREA TO BE SERVED	Implementation involves prioratizing department 1 begin as soon as funds are acquired. Training Meriden/Wallingford and Central Connecticut CRVED BY THIS PROGRAM WHO ARE DISABLED 100%
THE	POVERTY LEVEL	RVED BY THIS PROGRAM WHO ARE UNDER 150% OF
Ple. dir	ase noto th	ondence concerning this and

	Der	partment of Human Resources
	CONNECTICUT NEIC	GHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
711	items must be completed.	Please type or print clearly.
1, ,	ORGANIZATION/AGENCY	
2.	PROGRAM TITLE	Word Processing for Clinical Department
3.		380 Crown Street
· ·	· .	Meriden, CT 06450
4.	CONTACT PERSON	Michael S. Rohde, Executive Director
5.	PHONE	237-9526
.	ORGANIZATION TYPE: X Ta	
7. 1	FEDERAL TAX IDENTIFICATION	NUMBER: #
3. 1	PROGRAM DESCRIPTION (Do Not sheet analysis is a fast ar	Forward Attachments) Word Processing and Spread-
-	information, and generate s	tatistical data. We would like to acquire an
	IBM-compatible computer and	word processing and spread-sheet software for the
+ c.an	Clinical Staff.	
-		

NEED FOR PROGRAM The clinical staff greatly desires to cut down on the time spent with clerical work and allow more direct service time with children and Tamilles.-

10. FUNDS REQUIRED \$ 2,500

7.

8.

11. IMPLEMENTATION PLAN & TIMETABLE The clinical staff will use the hardware and software immediately after purchase. They will share a printer with the main office.

12. NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut.

13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%

14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 100%

Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.

	Department of Human Resources
	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
LA	l items must be completed. Please type or print clearly.
1.	ORGANIZATION/AGENCY <u>Curtis Home Children's Program</u>
2.	PROGRAM TITLE Summer Cottage Experience
3.	ADDRESS 380 Crown Street
	Meriden, CT 06450
4.	CONTACT PERSON Michael S. Rohde, Executive Director
5.	PHONE 237-9526
6.	ORGANIZATION TYPE: Tax Exempt Municipal Agency Other (Specify)
7.	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments)
ana 1990 - Parlandar 1990 - Parlandar	To provide a family vacation-type experience for Curtis Home children who do
	not have family resources of their own. This type of experience is very helpful
	in transitioning children from a residential treatment center to a permanent
	family.
9.	NEED FOR PROGRAM Currently 18 of our 24 children in residence would participate
	in this experience.
10.	FUNDS REQUIRED \$ 2,000
11.	IMPLEMENTATION PLAN & TIMETABLE The funds will allow us to implement the
	program this summer.
12.	NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut
13,	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%
14.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 100%
	Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.

	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)	
P	11 items must be completed. Please type or print clearly.	
1		
. 2		
3	ADDRESS 380 Crown Street	
	Meriden, CT 06450	
4		
	PHONE 237-9526	
6.	ORGANIZATION TYPE: X Tax Exempt Municipal Agency Other (Specify)	
7.	FEDERAL TAX IDENTIFICATION NUMBER: #06-0692375	
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments)	
	We desire the acquisition of roller skates, ice skates, baseball gloves,	
	sleds, skateboards, table games, computer games, VCR tapes, camping equipment,	
	and fishing equipment.	
		•
		•
9.	NEED FOR PROGRAM The recreational games and equipment will promote skill develop-	
	ment, social development, and sportsmanship in the children of The Curtis Home.	
10.	FUNDS REQUIRED \$ 1,500	
11.	IMPLEMENTATION PLAN & TIMETABLE The games and equipment will be purchased immediate	ely
	and put into service as the seasons dictate.	
12.	NEIGHBORHCOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut	
13.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%	
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 100%	
**	Please note that all correspondence concerning this program will be sent	
	Neighborhood Assistance Act Program locally.	
	Reighborhood Aspistance Act Program locally.	

		Department of Human Res		
••	CONNECTICUT	NEIGHBORHOOD ASSISTANCE (see Instructions Rev	ACT PROJECT PROPOS	SAL -
7	all items must be complet	ed. Please type or print	clearly.	
1	. ORGANIZATION/AGENCY	Curtis Home Elderly		
2	- PROGRAM TITLE	Handicap Accessible		•
3	• ADDRESS	380 Crown Street	venicie	
		Meriden, CT 06450		
	. CONTACT PERSON	Walter A. Stroly, Ex	ecutive Director	
4		······································	CCULIVE DITECTOI	
5 6 7.	PHONE	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: #_06-0692375		
5	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 O Not Forward Attachments) Purchase of a ha	
5 6 7.	. PHONE ORGANIZATION TYPE:	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 Not Forward Attachments wehicle for improved recre) <u>Purchase of a ha</u> ational programs o	ffered to
5 6 7.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: #_06-0692375 Not Forward Attachments) wehicle for improved recre & Home. "Out-Trip" therap) Purchase of a ha eational programs o by is essential to	ffered to wheelchair
5 6 7.	PHONE ORGANIZATION TYPE:	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 Not Forward Attachments wehicle for improved recre) Purchase of a ha eational programs o by is essential to	ffered to wheelchair
5 6 7.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: #_06-0692375 Not Forward Attachments) wehicle for improved recre & Home. "Out-Trip" therap) Purchase of a ha eational programs o by is essential to	ffered to wheelchair
5 6 7.	PHONE ORGANIZATION TYPE:	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: #_06-0692375 Not Forward Attachments) wehicle for improved recre & Home. "Out-Trip" therap) Purchase of a ha eational programs o by is essential to	ffered to wheelchair
5 6 7.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy.	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 Not Forward Attachments) wehicle for improved recre s Home. "Out-Trip" therap dents, and this program end) <u>Purchase of a ha</u> eational programs o by is essential to nhancement will el	ffered to wheelchair iminate th:
5 6 7. 8.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy.	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 Not Forward Attachments) whicle for improved recre s Home. "Out-Trip" therap dents, and this program end the addition of this equip) <u>Purchase of a ha</u> ational programs o by is essential to nhancement will el pment, residents wh	ffered to wheelchair iminate th:
5 7. 8. 9.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy. NEED FOR PROGRAM With to join out-of-facility	237-4338) <u>Purchase of a ha</u> ational programs o by is essential to nhancement will el pment, residents wh	ffered to wheelchair iminate th:
5 6 7. 8. 9.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy. NEED FOR PROGRAM With to join out-of-facility FUNDS REQUIRED \$_39,60	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 Not Forward Attachments) whicle for improved recre s Home. "Out-Trip" therap dents, and this program end the addition of this equip trips will now be able to 0) Purchase of a ha eational programs o by is essential to nhancement will el pment, residents wh o do so.	ffered to wheelchair iminate th:
5 6 7. 8. 9.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy. NEED FOR PROGRAM With to join out-of-facility FUNDS REQUIRED \$_39,60	237-4338) Purchase of a ha eational programs o by is essential to nhancement will el pment, residents wh o do so.	ffered to wheelchair iminate th:
5 6 7. 8. 9. 10. 11.	PHONE	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 O NOT Forward Attachments) whicle for improved recre s Home. "Out-Trip" therap dents, and this program ex- dents, and this program ex- the addition of this equip trips will now be able to METABLE <u>As soon as fund</u>) <u>Purchase of a ha</u> eational programs o by is essential to nhancement will el pment, residents wh o do so.	ffered to wheelchair iminate th:
5 6 7. 8. 9. 10. 11. 12.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy. NEED FOR PROGRAM With to join out-of-facility FUNDS REQUIRED \$_39,60 IMPLEMENTATION PLAN & T NEIGHEORHOOD/AREA TO BE	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: #_06-0692375 O NOT Forward Attachments; vehicle for improved recre s Home. "Out-Trip" therap dents, and this program ex- dents, and this program ex- the addition of this equip trips will now be able to METABLE <u>As soon as fund</u> SERVED <u>Meriden/Wallingfo</u>) Purchase of a ha eational programs o by is essential to nhancement will el pment, residents wh o do so. do so.	ffered to wheelchair- iminate th: no are unab
5 6 7. 8. 9. 10. 11. 12. 13.	PHONE ORGANIZATION TYPE:X FEDERAL TAX IDENTIFICA PROGRAM DESCRIPTION (D accessible wheelchair v residents of The Curtis bound nursing home resi service inadequacy. NEED FOR PROGRAM With to join out-of-facility FUNDS REQUIRED \$_39,60 IMPLEMENTATION PLAN & T. NEIGHEORHOOD/AREA TO BE PERCENTAGE OF PEOPLE DIF	237-4338 Tax Exempt Municipal Agency Other (Specify) TION NUMBER: # 06-0692375 O NOT Forward Attachments) whicle for improved recre s Home. "Out-Trip" therap dents, and this program ex- dents, and this program ex- the addition of this equip trips will now be able to METABLE <u>As soon as fund</u>) Purchase of a ha eational programs o by is essential to inhancement will el pment, residents who do so. do so. ds are available. ord GRAM WHO ARE DISAB	ffered to wheelchair- iminate th: no are unab

•••	Department of Human Resources
•	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
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1	items <u>must</u> be completed. Please type or print clearly.
	Curtis Home Elderly Program
	PROGRAM TITLE Senior Fitness Center .
	ADDRESS 380 Crown Street
	Meriden, CT 06450
	CONTACT PERSON AT AGENCY Walter A. Stroly, Executive Director
	PHONE 237-4338
	ORGANIZATION TYPE: <u>X</u> Tax Exempt Municipal Agency Other (Specify)
	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0602375 (nine digit #)
	PROGRAM DESCRIPTION (Do Not Forward Attachments)
	The Genior Fitness Genter is a self-muided, self-instructed outdoor fitness
	system which will take the user through a complete 29-exercise routine at
	eitht different exercise stations. Fach exercise station has a graphic
	illustration of the exercise to be performed and all the necessary exercise
	avaratus.
•	NEED FOR PROGRAM Elderly need exercise for healthier living, and this
	system allows the user to use all body muscles at their own nace.
ò.	FUNDS REQUIRED \$ 13,000
	IMPLEMENTATION PLAN & TIMETABLE As soon as funds are available.
2.	. NEIGHBORHOOD/AREA TO BE SERVED
	. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100-
	. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL
***	Please Note that all correspondence concerning this program will be sudirectly to your municipal liaison responsible for implementing Neighborhood Assistance Act Program locally.



ja A	
•	Department of Human Resources
•	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
	그는 것이 같아요. 그는 것이 같아요. 이 같은 것이 같아요. 이 같은 것이 같아요. 그는 것이 싶 것이 같아요. 그는 것이 ? 그는 것이 같아요. 그는 것이 같아요. 것이 같아요. 그는 것이 ? 그는 것이 같아요. 그는 것이 ? 그는 것이 ? 그는 것이 ? 그는 것이 ?
	items must be completed. Please type or print clearly!
	House Care
	PROGRAM TITLE
3.	ADDRESS
	Walter A. Stroly, Executive Director
4.	CONTACT PERSON AT AGENCI
	PHONE
6.	ORGANIZATION TYPE: Y Tax Exempt Municipal Agency Other (Specify)
	,我们们就是你们的你们,你们们们的你们,你们就是你们都是你们的你们,你们们就是你们的你?""你们,你们们们们的你们,你们们不是你们的你们,你们们们们不是你们没有,
7.	FEDERAL TAX IDENTIFICATION NUMBER: #(nine digit #)
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments)
	To assist elderly neonle in the Greater Meriden/Mallingford area to remain in
	their homes and avoid early institutionalization through an expanded House
	Care Program.
9.	NEED FOR PROGRAM Surveys doc ment the need for this service for safety as well
	ns for convenience reasons.
10.	FUNDS REQUIRED S 12, 200
11.	IMPLEMENTATION PLAN & TIMETABLE As soon as funds and staff are available.
	the newly ostablished program agn be expanded.
12.	NEIGHBORHOOD/AREA TO BE SERVED Meridon Mallingford area
13.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 1007
14.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 757.
**	Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.

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	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
11	items must be completed. Please type or print clearly.
-	ORGANIZATION/AGENCY Curtis Home Elderly Program
	TITLE Large Screen TV Set for Resident Activity Center
	ADDRESS 380 Crown Street
	Meriden, CT 06450
	CONTACT PERSON Walter A. Stroly, Executive Director
	PHONE 237-4338
	ORGANIZATION TYPE: Tax Exempt Municipal Agency Other (Specify)
	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
	PROGRAM DESCRIPTION (Do Not Forward Attachments)
	To provide a large screen for residents of The Curtis Home so that many can
	view a TV show, video tape, or fitness tape. This would allow for residents wi
	visual dysfunction to participate in therapeutic activities.
	FUNDS REQUIRED § 2,800 IMPLEMENTATION PLAN & TIMETABLE As soon as funds are available.
	우리 같은 것 같아요. 이는 것 같아요.
	NEIGHBORHOOD/AREA TO BE SERVED <u>Meriden/Wallingford and Central Connecticut</u>
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 1007
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED <u>1007</u> PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL <u>-ke</u> Please note that all' correspondence concerning this program will be ser
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED <u>1007</u> PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL $\frac{1}{\sqrt{k}}$ Please note that all correspondence concerning this program will be served by the poverty to your municipal liaison responsible for implementing the
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 1007 PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL the two the thet all correspondence concerning this program will be served by the thete all correspondence concerning this program will be served by the thete all correspondence concerning the program will be served by the thete all correspondence concerning the program will be served by the thete all correspondence concerning the program will be served by the thete all correspondence concerning the program will be served by the program and the progr
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED <u>1007</u> PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL <u>tree</u> Please note that all correspondence concerning this program will be sen directly to your municipal liaison responsible for implementing th Neighborhood Assistance Act Program locally.
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	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED <u>1007</u> PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL <u>tree</u> Please note that all correspondence concerning this program will be sen directly to your municipal liaison responsible for implementing th Neighborhood Assistance Act Program locally.
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	Department of Human Resources
	CUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
ll items <u>must</u> be compl	leted. Please type or print clearly.
• ORGANIZATION/AGENCY	Curtis Home Elderly Program
PROGRAM TITLE	Table linens for the Elderly
ADDRESS	380 Crown Street
	Meriden, CT 06450
CONTACT PERSON	Walter A. Stroly, Executive Director
PHONE	237-4338
	(Do Not Forward Attachments)
to put fresh linen	
	e current supply of tablecloths and napkins is badly worr
	eds to be replaced.
FUNDS REQUIRED \$ 450	
	TIMETABLE The table linen will be used immediately
	TIMERADLE
IMPLEMENTATION PLAN &	
after purchase.	
after purchase. NEIGHBORHOOD/AREA TO 1	BE SERVED Meriden/Wallingford and Central Connecticut
After purchase. NEIGHBORHOOD/AREA TO D PERCENTAGE OF PEOPLE D	BE SERVED Meriden/Wallingford and Central Connecticut DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%

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Department of Human Resources CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse) All items must be completed. please type or print clearly. ORGANIZATION/AGENCY 1. FAMILY SERVICE CONT. Pat-PROGRAM TITLE UKSE 3. ADDRESS 51 1Ben S meniper C CONTACT PERSON AT AGENCY 4. TAMPS J. GAVIN PHONE 20.7-215-7922 5. ORGANIZATION TYPE: 6. Tax Exempt Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: # 66-0678536 7. (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) 8. ROVID SUPPINTIUS SALVICAS ^ 1I) SPA VIEN 70 177 + 1 60 101 DUUCH DA U/L 01 PSLA n 6 7 19pmic IMS 172 min119.4% NEED FOR PROGRAM LPUPES OF 9. 50ppon7 DA. タルわ 1 DUQU ANC 110 10. FUNDS REQUIRED \$ 30 006 11. IMPLEMENTATION PLAN & TIMETABLE CAUNICELING ANP POUNU 11 DINE 6 K. Con TINU a ase. 12. NEIGHEORHOOD/AREA TO BE SERVED 13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 10-15% 14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act: Program locally. 31

			RE	CEIVED
••		epartment of Human Resour		
•	CONNECTICUT NE	IGHBORHOOD ASSISTANCE ACT	PROJECT PROPOSALAY	
611		Please type or print cl	PROGRA	M PLANNING
		nior Achievement of S		nC.
		Business/"The Economi		
		Avenue, PO Box 840,	na staling of a final staling of the second stalin	
	ADDITION _316_WOODDOILSE	Avenue, PO Box 640,	_wallingiora,_u	
4.	CONTACT PERSON AT AGENCY	Vera A. Dynder, Adm	inistrative Dire	
5.	PHONE _265-5811			
	ORGANIZATION TYPE: X	Tax Exempt <u>Educationa</u> Municipal Agency Other (Specify)		
7.	FEDERAL TAX IDENTIFICATI	ON NUMBER: #_06-069908;		digit #)
		Not Forward Attachments)		
i	-school program for	7th and 8th grade st	udents which inv	olves a
		ions and activities t	and the second state of th	
		nics. The lessons ar		
		ovide positive role m		
		tures "The Economics		
S	upplement designed to	o explore the positiv	e impact of stay	ing in school.
9.	NEED FOR PROGRAM JA int	troduces students to	the world of wor	k and presents
C	areer opportunities v	which inturn, prepare	s students for t	he Wallingford
10.	FUNDS REQUIRED \$_750 fo	<u>or one c</u> lass (possibi	lity of eight)	workforce.
11.	IMPLEMENTATION PLAN & TI	METABLE Training of bu	siness volunteer	s-Aug.& Ser. ?
C.	lasses offered in Fa	11, 1992 or Spring, 1	993.	
12.	NEIGHBORHOOD/AREA TO BE	SERVED Wallingford sch	nool system	maala aana gay agaa daa ah Bahamaa
13.	PERCENTAGE OF PEOPLE DIR	ECTLY SERVED BY THIS PRO	GRAM WHO ARE DISABLI	ED N/A
	PERCENTAGE OF PEOPLE DIR THE POVERTY LEVEL N	ECTLY SERVED BY THIS PRO	GRAM WHO ARE UNDER	150% of
**	Please note that all	correspondence concerni nicipal liaison respo		

	Department of Human Resources
	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
	(see Instructions Reverse) 50 p. 12
1	Department of Human Resources <u>CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL</u> (see Instructions Reverse) items <u>must</u> be completed. Please type or print clearly.
	ORGANIZATION/AGENCY Wallingford Committee On Aging, Inc.
•	PROGRAM TITLE Senior Citizens Center - Power access door
	ADDRESS Wallingford Senior Citizens Center, 284 Washington St.,
	Wallingford, CT 06492
	CONTACT PERSON AT AGENCY Sandra Rogerson, Executive Director
	PHONE (203) 265-7753
	ORGANIZATION TYPE: * Tax Exempt 501 C 3
	Municipal Agency Other (Specify)
	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0924279 (nine digit #
	PROGRAM DESCRIPTION (Do Not Forward Attachments) This project falls under
	program type #1 "Neighborhood Assistance". We are seeking to improve our
	physical facility by adding a power access door opener for the main entra
	of the Senior Center. This will provide easier access to seniors who are
	dependent on wheelchairs, walkers, canes, etc.
	NEED FOR PROGRAM We have started a new program (D.A.I.) which serves the "fr elderly". This has increased our need for a power access door and our awareness of the number of people who have difficulty with the current door
	system.
•	FUNDS REQUIRED \$ 6,000.
•	IMPLEMENTATION PLAN & TIMETABLE October - go out to bid.
	November - arrange installation
•	NEIGHBORHOOD/AREA TO BE SERVED Wallingford
• .	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%. The automatic door is only necessary because of people with disabilities.
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
•	THE POVERTY LEVEL 1 50%
	THE POVERTY LEVEL Please note that all correspondence concerning this program will be directly to your municipal liaison responsible for implementing Neighborhood Assistance Act Program locally.

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•	Department of Human Resources
•	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
	(see Instructions Reverse)
All	items <u>must</u> be completed. Please type or print clearly.
1.	ORGANIZATION/AGENCY Wallingford Family YMCA
2.	PROGRAM TITLE Teen Outreach Center
3.	ADDRESS 81 South Elm Street, Wallingford, CT 06492
4.	CONTACT PERSON AT AGENCY Nancy Roth, Executive Director
5.	PHONE 269-4497
6.	ORGANIZATION TYPE: X Tax Exempt Private, Non Profit Municipal Agency Other (Specify)
7.	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0646987 (nine digit #)
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments) The YMCA would offer a new
С	ommunity service for the Wallingford teens. The objective of the program is to
O	ffer alternatives to drugs and alcohol lifestyles. This would be accomplished
t	hrough the establishment of a teen outreach center. Supervised by a human
S	ervices worker and a physical fitness trainer. The following physical items
	ould be needed. 1) ping-pong table 2) punching bag 3) hand weights 4) stereo system
Te	ens would be referred by the Town of Wallingford Youth Services Bureau and the NTINUED ON THE ATTACHED
9.	NEED FOR PROGRAM 20% of the Wallingford youth are identified as "at risk"
a	s identified by the Town of Wallingford Youth Services Bureau.
10.	FUNDS REQUIRED \$3,000.
11.	IMPLEMENTATION PLAN & TIMETABLE
12.	NEIGHBORHOOD/AREA TO BE SERVED Town of Wallingford Teens
13.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED SEE ATTACHED
14.	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 50% of teens identified here are in families under the poverty level.
**	Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.

CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL

Page 2

8. continued

school district. An outgrowth of the teen outreach center would be a Leaders Club and Youth in Government Program.

13. continued

Alternative High School students (teens who are unable to function in a normal high school setting). I.E.P. students identified by school district (Individual Education Plan). Area Cooperative Educational Services.

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•	Department of Human Resources RECEIVED
·	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
	(see Instructions Reverse)
A11	is must be completed. Please type or print clearly.
1.	ORGANIZATION/AGENCY WALLTNGEORD HISTORICAL SACTETY, INC.
2.	PROGRAM TITLE <u>RESTORATION OF SAMUEL PARSONS HOUSE</u>
3.	ADDRESS 180 SOUTH MAIN STREET - P.O. BOX 73 FOR CORRESPONDENCE
	WALLING FORD, CT. OGY92
4.	CONTACT PERSON AT AGENCY MARY I. ANNIS, PRES. / NOMA BEAUMONT
	PHONE 265-3929 / 269-9988
	ORGANIZATION TYPE: <u>A</u> Tax Exempt <u>06 - 603 5 / 88</u> Municipal Agency
6.	ORGANIZATION TYPE: Tax ExemptO6-6035188 Municipal Agency Other (Specify)
6. 7.	ORGANIZATION TYPE: Tax Exempt <u>06-6035188</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: # 06-6035/88 (nine digit #)
6. 7.	ORGANIZATION TYPE: Tax Exempt <u>06-6035188</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: # 06-6035/88 (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) <u>REPAIR + ZESTORATION</u> 6 F SAMUEL PARSONS HOUSE AS FOLLOWS PER ESTIMATED BUDGETARY AMOUNTS
6. 7.	ORGANIZATION TYPE: Tax Exempt <u>06-6035188</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: # 06-6035/88 (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) <u>REPAIR + ZESTORATION</u> OF SAMUEL PARSONS HOUSE AS FOLLOWS PER ESTIMATED BUDGETARY AMOUNTS SOUTH END OF HOUSE \$15,000,00
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6. 7.	ORGANIZATION TYPE: <u>K</u> Tex Exempt <u>06 - 603 5 188</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: <u># 06 - 6035/88</u> (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) <u>REPAIR + ZESTORATION</u> OF SAMUEL PARSONS HOUSE AS FOLLOWS PER ESTIMATED BUDGETARY AMOUNTS SOUTH END OF HOUSE <u>\$ 15,000.</u> NORTH END OF HOUSE <u>15,000.</u> REPAIR WOOD WORK <u>5,000.</u>
6. 7.	ORGANIZATION TYPE: Tax Exempt <u>06 - 603 5 /88</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: # <u>06 - 60 35/88</u> (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) <u>REPATE + ZESTORATION</u> 6 F SAMUEL PARSONS HOUSE AS FOLLOWS PER ESTIMATED BUDGETARY AMOUNTS South END of House \$ 15,000. NORTH END of HOUSE 15,000. REPATE WOOD WORK 5,000. REPATE MOD WORK 5,000. REPATE MOD WORK 5,000.
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6. 7.	ORGANIZATION TYPE: Tax Exempt <u>06 - 6035/88</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: <u># 06 - 6035/88</u> (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) <u>REPAIR + 2ESTORATION</u> OF SAMUEL PARSONS HOUSE AS FOLLOWS PER ESTIMATED BUDGETARY AMOUNTS SOUTH END OF HOUSE <u>915,000</u> . NORTH END OF HOUSE <u>15,000</u> . REPAIR WOOD WORK <u>5,000</u> . REPAIR WOOD WORK <u>5,000</u> . REPAIR MOOD WORK <u>5,000</u> . REPAIR J REPAIRS <u>5,000</u> . PLASTER REPAIRS <u>3,000</u> . CONTINGENCY RASED ON EXPERIENCE WITT <u>12,000</u> . E: + W. WALLS
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6. 7. 8.	ORGANIZATION TYPE: Tax Exempt <u>06 - 6035188</u> Municipal Agency Other (Specify) FEDERAL TAX IDENTIFICATION NUMBER: <u># 06 - 6035188</u> (nine digit #) PROGRAM DESCRIPTION (Do Not Forward Attachments) <u>REPATE + ZESTPRATION</u> OF SAMUEL PARSONS HOUSE AS FALLOWS PER ESTIMATED BUDGETARY AMOUNTS SOUTH END OF HOUSE <u>915,000</u> , ⁰⁰ <u>North END OF HOUSE 15,000</u> . <u>REPARE WOOD WORK</u> 5,000. <u>REPARE WOOD WORK</u> 5,000. <u>REPARE MOOD WORK</u> 5,000. <u>REPARE REPARES 1,000</u> . <u>CONTINGENCY RASED</u> ON EXPERIENCE WITT 12,000. <u>CONTINGENCY RASED</u> <u>CONTINGENCY RASED</u> <u>CONTINGENCY</u> <u>CONTINGENCY</u> <u>CONTI</u>
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	Department of Human Resources
•	CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
Al	l items must be completed. Please type or print clearly.
1.	ORGANIZATION/ACENCY Young Womens Christian Association
2.	PROCRAM TITLE Open DOHR
3.	ADDRESS . 169 Colony Street
	Meriden, CT 06450
4.	CONTACT PERSON AT AGENCY Shane L. Rood/Jennifer Meligonis-DeJohn
5.	PHONE
6.	ORGANIZATION TYPE: X Tax Exempt Municipal Agency Other (Specify)
7.	FEDERAL TAX IDENTIFICATION NUMBER: # 06-064-6994 (nine digit #)
8.	PROGRAM DESCRIPTION (Do Not Forward Attachments) Program serves displaced
	homemakers by helping them prepare to return to work and become economically
	self-sufficient, transportation is a barrier for many of these women and has
	become an important part of the program. A van for transportation. Money
	for staff salaries, program supplies.
9.	NEED FOR PROGRAM 135 persons directly served
10.	FUNDS REQUIRED \$ 20,000
	IMPLEMENTATION PLAN & TIMETABLE Vear round
12.	NEIGHBORHOOD/AREA TO BE SERVED Town-wide
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 107
	PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL '95%
	Please that all correspondence concerning this program will be sendirectly to your municipal liaison responsible for implementing the Neighborhood Assistance Act Program locally.

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		Department of Human	Resources	
	CONNECTICUT N	NEICHBORHOOD ASSISTAN (see Instructions		
items <u>must</u>	be completed	i. Please type or pr	int clearly.	
ORGANIZATI	ON/AGENCY You	ung Womens Christian	Assoc.	
PROGRAM TI	TLE Sexual A	Assault Crisis Servic	e	
ADDRESS	169 Colc	ony Street		
	Meriden,	CT 06450		
CONTACT PE	RSON AT AGENC	Y Shane L. Rood /She	eila Greenstein	
PHONE	235-9297			
ORGANIZATI	ON TYPE: X	Tar Exempt		
	erene di Antonio di Antonio Antonio di Antonio di Antonio	Municipal Agency Other (Specify)		
FEDERAL TAT	(IDENTIFICAT		-6994 (ni	ne digit
		Not Forward Attachme		
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			advocacy and community	
			to 1100 Wallingford Sc	
needed.	ing assist 200	J VICCIES (IN 3 COWNS) Money for staff and s	upplies
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NEED FOR PR FUNDS REQUIN IMPLEMENTAT: NEIGHBORHOON PERCENTAGE (PERCENTAGE (RED S <u>5,000</u> ION PLAN & TI D/AREA TO BE OF PEOPLE DIR	METABLE Year-round SERVED Town-wide ECTLY SERVED BY THIS ECTLY SERVED BY THIS		

	· .	, approved in 1990.
• •	•	Department of Human Resources
		CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL (see Instructions Reverse)
	All	items must be completed. Please type or print clearly.
		Gaylord Hospital, Inc.
	2.	PROGRAM TITLE Equipment Purchase and Capital Improvement Program
	3.	ADDRESS P.O. Box 400 Gaylord Farm Road
		Wallingford, CT 06492
	4.	CONTACT PERSON AT AGENCY Roberta Clouet, Director of Development & Communication:
. ,	5.	PHONE (203) 284-2881
	6.	ORGANIZATION TYPE: X Tax Exempt Non-Profit 501(c)3
		Municipal Agency Other (Specify)
	7.	FEDERAL TAX IDENTIFICATION NUMBER: # 06-0646649 (nine digit #)
	8.	PROGRAM DESCRIPTION (Do Not Forward Attachments) The Equipment Purchase and Capital Improvement Program will provide funding for equipment and capital improvement needs not funded through the operating budget. Most
		facilities to meet the current and future demand for outpatient services including physical, occupational and speech therapy. Occupational, speech, and physical
		therapy treatment areas are presently located in disparate areas, requiring patients to travel frequently during each visit. The new Ambulatory Care Pavilion will
		consolidate all outpatient services into one building, will house an on-site
• •		aquatics therapy center and create a new main entrance to the Hospital.
	9.	Inis program provides the extra funds necessary for needed NEED FOR PROGRAM capital improvements and for the purchase of equipment to replace older items and maintain state-or-the-art technology for the patients served. With emphasis in healthcare on shorter hospital stays, it is hoped that by expanding
		FUNDS REQUIRED \$ 200 000 patients into the community and their daily
	11.	earlier and enhance the overall quality four IMPLEMENTATION PLAN & TIMETABLE
	12.	NEIGHBORHOOD/AREA TO BE SERVED Gaylord patients come from all eight (8) counties in
		PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%
•		PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
	**	THE POVERTY LEVEL 50%(estimate)
		Please note that all correspondence concerning this program will be sent directly to your municipal liaison responsible for implementing the
		Neighborhood Assistance Act Program locally. 1992
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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 Human Resources 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,
- 2. That the Mayor of the Town of Wallingford is hereby authorized and directed to submit to the Department of Human Resources 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, recisions, 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 and which has not been rescinded or modified in any way whatsoever.

(CLERK)