



TOWN OF LISBON

INCORPORATED 1786



BOARD OF SELECTMEN

1 NEWENT ROAD
LISBON, CONN. 06351-2926
TEL. (860) 376-3400
FAX. (860) 376-6545

TOWN OF LISBON BOARD OF SELECTMEN NOTICE OF PUBLIC HEARING

The Town of Lisbon Board of Selectmen will hold a public hearing on Monday, May 22, 2023 at 6:45 P.M. for the following purpose:

1. To consider an application by the Lisbon Historical Society for the Connecticut Neighborhood Assistance Act Program.

The Neighborhood Assistance Act Program application materials are available for public inspection on the Town website, <https://www.lisbonct.com/board-selectmen>, or by contacting the Town Clerk's Office, Town of Lisbon, 1 Newent Road, Lisbon, Connecticut 06351 during normal business hours.

Thomas W. Sparkman,
First Selectman

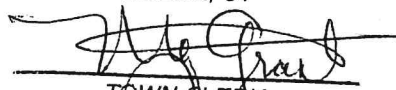
Dated at Lisbon, Connecticut, this 12th day of May, 2023.

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TOWN CLERK'S OFFICE

LISBON, CT


TOWN CLERK



Municipality: Lisbon

Form NAA-01
2023 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: _____

Lisbon Historical Society Inc

Address: 1 Newent Rd, Lisbon, CT 06351

Federal Employer Identification Number: 51-0197314

Program title: Burnham Tavern Energy Upgrades

Name of contact person: Paula Adams

Telephone number: (860) 303-2475

Email address: padams60@sbcglobal.net

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 82,000.00

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.

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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 restoration of the c. 1755 Burnham Tavern, recently listed on the National Register of Historic Places, is an ongoing process. It is the intent of the Lisbon Historical Society to fully restore the Tavern and eventually open it to the public. This phase of the project consists of energy upgrades to the building including, but not limited to: improving the weatherization and energy efficiency of the exterior envelope and HVAC upgrades.

Need for program: _____

The building has been structurally repaired. This phase of the project gets the building to the next level of being ready to start the finish restoration work in preparation for opening the building to the public.

Neighborhood area to be served: _____

The neighborhood area to be served is the entire Town of Lisbon, and all of Connecticut. The building's architecture and history are valuable to all residents of Connecticut as evidenced by its recent listing on the National Register of Historic Places.

Plan to implement the program: _____

The Lisbon Historical Society will engage the Town of Lisbon, and will engage the services of historic consultants and contractors familiar with working with significant 18th Century structures.

Timetable:

Program start date: 02/01/2024
MM - DD - YYYY
Program completion date: 12/31/2025
MM - DD - YYYY
Post-project audit due date: 02/28/2026
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.
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>\$82,000.00</u>
Other funding sources - itemized sources:	
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

Total Funding:

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) <u>Contractors specializing in historic restorations and</u>	<u>\$70,000.00</u>
b) <u>historic buildings. Historically appropriate materials and</u>	_____
c) <u>historically appropriate HVAC upgrades</u>	_____
d) _____	_____
Administrative expenses - itemized description:	
a) <u>Historic consultants</u>	<u>\$10,000.00</u>
b) <u>Accountant</u>	<u>\$2,000.00</u>
c) _____	_____
d) _____	_____

Total Proposed Expenditures:

\$82,000.00

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: _____

Mailing address: _____

Name of municipal liaison: _____

Telephone number: _____

Fax number: _____

Email address: _____

Post-Project Audit

Is a post-project audit required for this proposal?

☒

Yes

☐

No

If **Yes**, date post-project audit due:

5/28/2026

Date

2023 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2023 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, and email address.

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

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

Part II – Program Information

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

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

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

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

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

Part III – Financial Information

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

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

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

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

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

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

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

Part IV – Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with 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 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.

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.