

Town of Wallingford, Connecticut

7 7/23/92 10
DONALD W. ROE
STATE & FEDERAL PROGRAM ADMINISTRATOR

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.

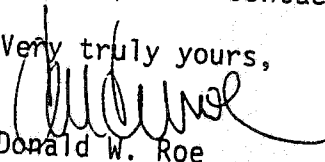
In accordance with the State legislation, we have solicited applications for the current round of funding. Our deadline for applications was May 29, 1992. Attached is a packet including a summary of the applications and a copy of all applications.

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 applications.

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

Very truly yours,


Donald W. Roe
State & Federal
Program Administrator

DWR:lmw

Attachments

SUMMARY LIST OF NEIGHBORHOOD ASSISTANCE PROGRAMS

June 2, 1992

<u>AGENCY</u>	<u>TITLE</u>	<u>AMOUNT</u>
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.	<u>Elderly Program</u> Handicap Accessible Vehicle
Senior Fitness Center		\$ 18,000
House Care		\$ 12,000
Large Screen Television Set		\$ 2,800
Table Linens for the Elderly		\$ 450
Family Service of Central CT		Counseling/Families and Individuals
Junior Achievement of South-East CT, Inc.	Project Business	\$ 750
Wallingford Committee on Aging	Senior Citizens Cntr.- Power Access Door	\$ 6,000
Wallingford Family YMCA	Teen Outreach Center	\$ 3,000

<u>AGENCY</u>	<u>TITLE</u>	<u>AMOUNT</u>
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

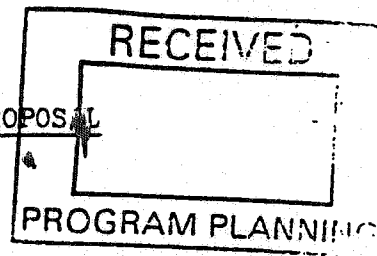
PREVIOUSLY APPROVED MULTI-YEAR PROJECTS

Gaylord Hospital	Equipment Purchase & Capital Improvement Prog.	\$ 200,000
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6/2/92

Department of Human Resources

CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
(see Instructions Reverse)



All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Boys & Girls Club of Wallingford, Inc.
2. PROGRAM TITLE Silver Anniversary Capital Building Program
3. ADDRESS 72 Grand Street
Wallingford, CT 06492
4. CONTACT PERSON AT AGENCY Nick Meucci, President
5. PHONE 269-6082
6. ORGANIZATION TYPE: 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 a variety of needs in the community including positive programming for Youth at Risk, Day Care, Latch Key Programs, Drug & Alcohol 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 key needs identified on the United Way Priority list.
10. FUNDS REQUIRED \$ 1,700,000
11. IMPLEMENTATION PLAN & TIMETABLE Ground Breaking Summer 1992 completion 1 year later.
12. NEIGHBORHOOD/AREA TO BE SERVED Entire Community of Wallingford
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 10%
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)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Curtis Home Children's Program
2. PROGRAM TITLE Station Wagon
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) 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 Program.
9. NEED FOR PROGRAM Children need transportation to schools, medical, dental, and other specialized treatment facilities, clothing stores, athletic and other recreational activities, and educational field trips.
10. FUNDS REQUIRED \$ 18,500
11. IMPLEMENTATION PLAN & TIMETABLE Use will begin immediately after purchase.
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%

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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.

1. ORGANIZATION/AGENCY Curtis Home Children's Program
2. PROGRAM TITLE Children's Work Experience Program
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) The Children's Work Experience Program provides the opportunity 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 management skills, and to teach accountability. All children are responsible for any damage or theft. The funds requested are for the wages paid to the children.
9. NEED FOR PROGRAM The work experience is a crucial part of helping our children who come from backgrounds of abuse and neglect and with no exposure to the reality of work.
8. FUNDS REQUIRED \$ \$5,200
1. IMPLEMENTATION PLAN & TIMETABLE The program is presently operational, but funding support is required for the coming year (January - December).
2. NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut.
3. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%
4. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 100%

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CONNECTICUT NEIGHBORHOOD 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 Outdoor Playscape
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) _____
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%

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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.

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
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) Staff training and updating
is crucial in the following areas:
 1. Identification, validation, and treatment of sexual abuse.
 2. Planning, implementation, and evaluation of therapeutic interventions and treatment strategies.
 3. Application of psychological theory and testing to group care program.
 4. Adopting the older child and other child placement issues.
9. NEED FOR PROGRAM Although staff training is ongoing, periodic updating of knowledge
in specific areas identified above is needed for all staff members.
8. FUNDS REQUIRED \$ 3,000
1. IMPLEMENTATION PLAN & TIMETABLE Implementation involves prioritizing department
needs and scheduling, which will begin as soon as funds are acquired. Training
will be spread over 12 months.
2. NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallingford and Central Connecticut
3. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%
4. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
THE POVERTY LEVEL 100%

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CONNECTICUT NEIGHBORHOOD 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 Word Processing for Clinical Department
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) Word Processing and Spread-sheet analysis is a fast and efficient means to produce clinical reports, store information, and generate statistical data. We would like to acquire an IBM-compatible computer and word processing and spread-sheet software for the Clinical Staff.
9. 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 families.
10. FUNDS REQUIRED \$ 2,500
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%

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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.

1. ORGANIZATION/AGENCY Curtis Home Children's Program
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) _____
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%

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CONNECTICUT NEIGHBORHOOD 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 Recreational Games and Equipment
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) _____
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 immediately
and put into service as the seasons dictate.
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%

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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.

1. ORGANIZATION/AGENCY Curtis Home Elderly Program
2. PROGRAM TITLE Handicap Accessible Vehicle
3. ADDRESS 380 Crown Street
Meriden, CT 06450
4. CONTACT PERSON Walter A. Stroy, Executive Director
5. PHONE 237-4338
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) Purchase of a handicapped accessible wheelchair vehicle for improved recreational programs offered to residents of The Curtis Home. "Out-Trip" therapy is essential to wheelchair-bound nursing home residents, and this program enhancement will eliminate this service inadequacy.
9. NEED FOR PROGRAM With the addition of this equipment, residents who are unable to join out-of-facility trips will now be able to do so.
10. FUNDS REQUIRED \$ 39,600
11. IMPLEMENTATION PLAN & TIMETABLE As soon as funds are available.
12. NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallingford
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 75%

** 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)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Curtis Home Elderly Program
2. PROGRAM TITLE Senior Fitness Center
3. ADDRESS 380 Crown Street
Meriden, CT 06450
4. CONTACT PERSON AT AGENCY Walter A. Strolv, Executive Director
5. PHONE 237-4338
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0602375 (nine digit #)
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) _____
The Senior Fitness Center is a self-guided, self-instructed outdoor fitness
system which will take the user through a complete 20-exercise routine at
eight different exercise stations. Each exercise station has a graphic
illustration of the exercise to be performed and all the necessary exercise
equipment.
9. NEED FOR PROGRAM Elderly need exercise for healthier living, and this
system allows the user to use all body muscles at their own pace.
10. FUNDS REQUIRED \$ 10,000
11. IMPLEMENTATION PLAN & TIMETABLE As soon as funds are available.
12. NEIGHBORHOOD/AREA TO BE SERVED Meriden/Wallinsford Area
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 75%

** 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)

All items must be completed. Please type or print clearly!

1. ORGANIZATION/AGENCY Curtis Home Elderly Program
2. PROGRAM TITLE House Care
3. ADDRESS 380 Crown Street
Meriden, CT 06450
4. CONTACT PERSON AT AGENCY Walter A. Strolv, Executive Director
5. PHONE 237-4338
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0602375 (nine digit #)
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) _____
To assist elderly people in the Greater Meriden/Wallingford area to remain in
their homes and avoid early institutionalization through an expanded House
Care Program.
9. NEED FOR PROGRAM Surveys document the need for this service for safety as well
as for convenience reasons.
10. FUNDS REQUIRED \$ 12,000
11. IMPLEMENTATION PLAN & TIMETABLE As soon as funds and staff are available,
the newly established program can be expanded.
12. NEIGHBORHOOD/AREA TO BE SERVED: Meriden/Wallingford area
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 75%

** 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)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Curtis Home Elderly Program
2. TITLE Large Screen TV Set for Resident Activity Center
3. ADDRESS 380 Crown Street
Meriden, CT 06450
4. CONTACT PERSON Walter A. Stroly, Executive Director
5. PHONE 237-4338
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
8. 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 with
visual dysfunction to participate in therapeutic activities.
9. NEED FOR PROGRAM Current large screen Television screen needs to be replaced
10. FUNDS REQUIRED \$ 2,800
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.

Department of Human Resources

CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
(see Instructions Reverse)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Curtis Home Elderly Program
2. PROGRAM TITLE Table linens for the Elderly
3. ADDRESS 380 Crown Street
Meriden, CT 06450
4. CONTACT PERSON Walter A. Stroly, Executive Director
5. PHONE 237-4338
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0692375
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) _____
In order to make the meals as appealing as possible, much care is taken
to put fresh linens on the tables.

9. NEED FOR PROGRAM The current supply of tablecloths and napkins is badly worn
and stained and needs to be replaced.
10. FUNDS REQUIRED \$ 450
11. IMPLEMENTATION PLAN & TIMETABLE The table linen will be used immediately
after purchase.
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 75%

** 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)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY FAMILY SERVICE OF GREAT CONN.
- PROGRAM TITLE Counseling / Families : IND
3. ADDRESS 57 LIBERTY STREET
MERIDEN CT
4. CONTACT PERSON AT AGENCY JAMES J. GAVIN
5. PHONE 203-235-7923
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 66-0678536 (nine digit #)
8. PROGRAM DESCRIPTION (Do Not Forward Attachments)
TO PROVIDE SUPERVISIVE SERVICES AND
COUNSELING SERVICES TO AD + A RESIDENTS
& ALSO PROVIDE ADVOCACY SERVICE TO THE
VIETNAM POPULATION IN TERMS OF
CLAIMS AGAINST THE VIETNAM ADMINISTRATION
9. NEED FOR PROGRAM LEVELS OF SUPPORT FOR COUNSELING
AND ADVOCACY ARE DIMINISHING
10. FUNDS REQUIRED \$ 30,000 -
11. IMPLEMENTATION PLAN & TIMETABLE COUNSELING AND ADVOCACY
IS DONE ON A CONTINUING BASIS.
12. NEIGHBORHOOD/AREA TO BE SERVED WALLINGFORD
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
THE POVERTY LEVEL 70%

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Department of Human Resources

CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
(see Instructions Reverse)

RECEIVED

MAY 25 1992

PROGRAM PLANNING

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Junior Achievement of South-East, CT, Inc.
2. PROGRAM TITLE Project Business/"The Economics of Staying in School"
3. ADDRESS 316 Woodhouse Avenue, PO Box 840, Wallingford, CT 06492
4. CONTACT PERSON AT AGENCY Vera A. Dynder, Administrative Director
5. PHONE 265-5811
6. ORGANIZATION TYPE: Tax Exempt Educational non-profit
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0699081 (nine digit #)
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) Project Business is an in-school program for 7th and 8th grade students which involves a lively mix of discussions and activities that illustrates basic concepts of business and economics. The lessons are presented by volunteer businesspeople who provide positive role models and real life experiences. This program also features "The Economics of Staying in School" a supplement designed to explore the positive impact of staying in school.
9. NEED FOR PROGRAM JA introduces students to the world of work and presents career opportunities which inturn, prepares students for the Wallingford workforce.
10. FUNDS REQUIRED \$ 750 for one class (possibility of eight)
11. IMPLEMENTATION PLAN & TIMETABLE Training of business volunteers-Aug. & Sep. 9
Classes offered in Fall, 1992 or Spring, 1993.
12. NEIGHBORHOOD/AREA TO BE SERVED Wallingford school system
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED N/A
14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL N/A

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CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
(see Instructions Reverse)

RECEIVED
MAYOR'S OFFICE
92 MAR 26 PM 12:41

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Wallingford Committee On Aging, Inc.
2. PROGRAM TITLE Senior Citizens Center - Power access door
3. ADDRESS Wallingford Senior Citizens Center, 284 Washington St.,
Wallingford, CT 06492
4. CONTACT PERSON AT AGENCY Sandra Rogerson, Executive Director
5. PHONE (203) 265-7753
6. ORGANIZATION TYPE: Tax Exempt 501 C 3
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-0924279 (nine digit #)
8. 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 entrance
of the Senior Center. This will provide easier access to seniors who are
dependent on wheelchairs, walkers, canes, etc.
9. NEED FOR PROGRAM We have started a new program (D.A.I.) which serves the "frail
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.
10. FUNDS REQUIRED \$ 6,000.
11. IMPLEMENTATION PLAN & TIMETABLE October - go out to bid.
November - arrange installation
12. NEIGHBORHOOD/AREA TO BE SERVED Wallingford
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 100%.
The automatic door is only necessary because of people with disabilities.
14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
THE POVERTY LEVEL 50%.

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RECEIVED

Department of Human Resources

CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
(see Instructions Reverse)

PROGRAM PLANNING

All items must 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: 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 community service for the Wallingford teens. The objective of the program is to offer alternatives to drugs and alcohol lifestyles. This would be accomplished through the establishment of a teen outreach center. Supervised by a human services worker and a physical fitness trainer. The following physical items would be needed. 1) ping-pong table 2) punching bag 3) hand weights 4) stereo system
Teens would be referred by the Town of Wallingford Youth Services Bureau and the
CONTINUED ON THE ATTACHED
9. NEED FOR PROGRAM 20% of the Wallingford youth are identified as "at risk" as 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

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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

CONNECTICUT NEIGHBORHOOD ASSISTANCE ACT PROJECT PROPOSAL
(see Instructions Reverse)

RECEIVED

PROGRAM PLANNING

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY WALLINGFORD HISTORICAL SOCIETY, INC
2. PROGRAM TITLE RESTORATION OF SAMUEL PARSONS HOUSE
3. ADDRESS 180 SOUTH MAIN STREET - P.O. BOX 73 FOR CORRESPONDENCE
WALLINGFORD, CT. 06492
4. CONTACT PERSON AT AGENCY MARY E. ANNIS, PRES. / NOMA BEAUMONT
5. PHONE 265-3929 / 269-9988
6. ORGANIZATION TYPE: Tax Exempt 06-6035188
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-6035188 (nine digit #)
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) REPAIR + RESTORATION
OF SAMUEL PARSONS HOUSE AS FOLLOWS PER ESTIMATED BUDGETARY AMOUNTS
SOUTH END OF HOUSE \$15,000.00
NORTH END OF HOUSE 15,000.00
REPAIR WOODWORK 5,000.
RESTORATION OF WINDOWS 6,000.
REPAIR/REPLACE BASEMENT
BEAMS 5,000.
PLASTER REPAIRS 2,000.
CONTINGENCY BASED
ON EXPERIENCE WITH 12,000.
E. + W. WALLS
\$60,000.00
9. NEED FOR PROGRAM CRITICAL - DISINTEGRATION OF SILL OF HOUSE + ADJACENT
STUDS + SUPPORTING MEMBERS - DESTROYED BY AGE, WEATHER, TERMITES,
BEETLES, ANTS, ETC.
10. FUNDS REQUIRED \$ 60,000.00
11. IMPLEMENTATION PLAN & TIMETABLE WE HAVE EXHAUSTED OUR FUNDS ON RESTO
OF FRONT AND BACK + THE LIBRARY PORTION OF
THE HOUSE. AS FUNDS BECOME AVAILABLE - WE ANTICIPATE IMMEDIATE
IMPLEMENTATION OF RESTORATION ON A PRIORITY BASIS.
12. NEIGHBORHOOD/AREA TO BE SERVED TOWN
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED VARIABLE WITH
FUNCTIONS
14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
THE POVERTY LEVEL OPEN FOR PUBLIC ACCESS.

** 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)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Young Womens Christian Association
2. PROGRAM TITLE Open DOHR
3. ADDRESS 169 Colony Street
Meriden, CT 06450
4. CONTACT PERSON AT AGENCY Shane L. Rood/Jennifer Meligonis-DeJohn
5. PHONE 235-9297
6. ORGANIZATION TYPE: 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
11. IMPLEMENTATION PLAN & TIMETABLE Ongoing, year round
12. NEIGHBORHOOD/AREA TO BE SERVED Town-wide
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 10%
14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF
THE POVERTY LEVEL 195%

** 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)

All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY Young Womens Christian Assoc.
2. PROGRAM TITLE Sexual Assault Crisis Service
3. ADDRESS 169 Colony Street
Meriden, CT 06450
4. CONTACT PERSON AT AGENCY Shane L. Rood /Sheila Greenstein
5. PHONE 235-9297
6. ORGANIZATION TYPE: Tax Exempt
 Municipal Agency
 Other (Specify) _____
7. FEDERAL TAX IDENTIFICATION NUMBER: # 06-064-6994 (nine digit #)
8. PROGRAM DESCRIPTION (Do Not Forward Attachments) Crisis
Intervention for victims of sexual assault their families and friends
including 24 hour hotlines for counseling, advocacy and community education for
the Middle School youth. Annually we speak to 1100 Wallingford School
children and assist 200 victims (in 3 towns) Money for staff and supplies
needed.
9. NEED FOR PROGRAM Over 2500 persons served
10. FUNDS REQUIRED \$ 5,000
11. IMPLEMENTATION PLAN & TIMETABLE Year-round, on going
12. NEIGHBORHOOD/AREA TO BE SERVED Town-wide
13. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE DISABLED 10%
14. PERCENTAGE OF PEOPLE DIRECTLY SERVED BY THIS PROGRAM WHO ARE UNDER 150% OF THE POVERTY LEVEL 70%

** 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)All items must be completed. Please type or print clearly.

1. ORGANIZATION/AGENCY 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: 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 urgent is the need for expanded 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. NEED FOR PROGRAM This program provides the extra funds necessary for needed capital improvements and for the purchase of equipment to replace older items and maintain state-of-the-art technology for the patients served. With emphasis in healthcare on shorter hospital stays, it is hoped that by expanding outpatient rehab services, it will be possible to discharge patients sooner, return patients into the community and their daily routine earlier and enhance the overall quality of treatment and care.
10. FUNDS REQUIRED \$ 200,000
11. IMPLEMENTATION PLAN & TIMETABLE Funds will be secured from of April of 1990 through December of 1992 to meet ongoing equipment and capital improvement needs.
12. NEIGHBORHOOD/AREA TO BE SERVED Gaylord patients come from all eight (8) counties in 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 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.

May, 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.

(DATE)

(CLERK)