Town of Granby is inviting you to a scheduled Zoom meeting.

https://us02web.zoom.us/j/83560395374?pwd=Zme6qpI84E6SgFyxQhzKaNakat8Gp2.1

Or dial in: +1 (929) 205-6099

Meeting ID: 835 6039 5374

Passcode: 323479

TOWN OF GRANBY - BOARD OF SELECTMEN
Public Hearing
Monday, June 2, 2025 – 6:45 p.m.
Town Hall Community Meeting Room
AGENDA

1. Open The Public Hearing
2. Public Hearing Item: Neighborhood Assistance Program Submission Proposals

   Documents:

   NAAPROGRAMSUBMISSIONSPROPOSALS.PDF
3. Public Comment
4. Adjournment

TOWN OF GRANBY
Incorporated 1786

15 NORTH GRANBY ROAD
GRANBY, CONNECTICUT 06035-2125
860-844-5240

Granby to participate in Neighborhood Assistance Act Program

Granby, CT – March 25, 2025

The Connecticut Department of Revenue Services (DRS) has announced the 2025 Connecticut Neighborhood Assistance Act Program Proposal. This program provides tax credits to non-profit 501(c)(3) businesses that make cash investments in qualifying community non-profit programs. Past approved projects have come from public service departments such as police, fire, and ambulance; health service agencies, land trusts, and more. Requests have included energy saving measures such as new windows, boiler replacement, and fuel-efficient vehicles; programs for youth, parents and seniors; and more.

To be considered, community organizations must submit an application to Catherine Lanyon, Grants Administrator, Town of Granby, 15 N. Granby Road, Granby, CT 06035, by May 26, 2025. Applications and information about the NAA Tax Credit Program can be found on the DRS website at www.ct.gov/DRS, searchable by entering "Neighborhood Assistance Act." Granby's Board of Selectmen will then have a public hearing on June 2, 2025, to approve proposals for submittal to the Department of Revenue Services by July 1, 2025.

For assistance with the process, please call Catherine Lanyon at 860-844-5306, or email clanyon@granby-ct.gov.

CONNECTICUT
portal.ct.gov/DRS
(Rev. 02/25)

Department of Revenue Services

Municipality: GRANBY

Form NAA-01

2025 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: HOLCOMB FARM, INC

Address: 113 SIMSBURY RD. WEST GRANBY, CT 06090

Federal Employer Identification Number: 0 6 1 3 8 1 9 7

Program title: RADIENT HEAT FOR NEW PRODUCTION FACILITY

Name of contact person: JENNY EMERY

Telephone number: (860) 214-0969

Email address: JPEMERY5@GMAIL.COM

Total NAA funding requested ($250 minimum, $150,000 maximum): $ 50,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [X] 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: _____

We are converting a former church sanctuary into an indoor produce processing and storage facility. The old, inefficient electric heat will be replaced with radiant heat in the concrete floor, efficiently warning the workers without the need to heat all of the airspace.

Need for program: _____

This new facility will allow us to store and process the produce we grow year-round, which will strengthen the financial foundation of our non-profit.

Neighborhood area to be served: _____

We serve all of Granby, as well as the greater Hartford region.

Plan to implement the program: _____

We will be raising other funds throughout 2025 and plan to undertake the renovations, including replacing the old electric heat with the new, in 2026.

Timetable:

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

Program completion date: 12-31-2027
MM - DD - YYYY

Post-project audit due date: 03-31-2027
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date. Additionally, the program completion date must not extend beyond December 31, 2027.

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	$50,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) REMOVE AND REPLACE CEMENT FLOOR	$15,000.00
b) INSTALL RADIENT HEAT IN FLOORING	$35,000.00
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$50,000.00

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:

03-31-2027

Date

2025 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01**, *2025 Connecticut Neighborhood Assistance Act (NAA) Program Proposal.* Incomplete applications will **not** be accepted. For where to direct inquiries, see *Additional Information* below.

Part I — General Information

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

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

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

Part II — Program Information

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

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

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

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

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

Part III — Financial Information

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

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

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is $250, with a maximum funding of $150,000 per organization or agency per year.

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

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

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

Part IV — Municipal Information

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

Municipal Liaison: The municipality must designate an individual to serve as a liaison with the Department of Revenue Services (DRS) for all NAA matters.

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

Additional Information

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

CONNECTICUT
portal.ct.gov/DRS
(Rev. 02/25)

Department of Revenue Services

Municipality: GRANBY

Form NAA-01

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Name of tax exempt organization/municipal agency:
HOLCOMB FARM, INC

Address: 113 SIMSBURY RD. WEST GRANBY, CT 06090

Federal Employer Identification Number: 0 6 1 3 8 1 9 7

Program title: ENERGY EFFICIENT HEAT FOR NEW FARM STORE

Name of contact person: JENNY EMERY

Telephone number: (860) 214-0969

Email address:

Total NAA funding requested ($250 minimum, $150,000 maximum): $ 73,000.00

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

☒ Yes ☐ No

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

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

Part II — Program Information

Check the appropriate description of your program:

100% credit percentage

- [X] 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: _____

we are repurposing a building with electric heat installed in 1975, which is very inefficient and expensive. the plan is to replace the old system with energy efficient electric heat pumps.

Need for program: _____

This renovated building will allow the Friends of Holcomb Farm to operate year-round, serving the local population and providing a distribution outlet for other local farmers.

Neighborhood area to be served: _____

We serve all of Granby, as well as the greater Hartford region.

Plan to implement the program: _____

We will be raising other funds throughout 2025 and plan to undertake the renovations, including replacing the old electric heat with the new, in 2026.

Timetable:

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Part III — Financial Information

Program Budget:

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:

NAA funds requested	$73,000.00
Other funding sources - itemized sources:	
a)	
b)	
c)	
d)	
Total Funding:	

Proposed Program Expenditures:

Direct operating expenses - itemized description:	
a) SUPPLY AND INSTALL 2 5-TON HEAT PUMPS	$73,000.00
b)	
c)	
d)	
Administrative expenses - itemized description:	
a)	
b)	
c)	
d)	
Total Proposed Expenditures:	$73,000.00

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_____

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:

03-31-2027

Date

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