



NAA Post Project Audit Form

Connecticut Neighborhood Assistance Act (NAA)

*This form is prepared on behalf of the City of Hartford to ensure compliance with the provisions of CT General Statute § 12-637a., regarding post project administration audit requirements. -This form should be completed if your organization was awarded **more than \$25,000** in approved business contributions*

Submission Instructions - Please complete this mandatory form and submit an electronic PDF version of this completed form and supporting documentation to Damaris Diaz via email only at damaris.gonzalez@hartford.gov. NAA post project audit forms that are incomplete or submitted by any method other than email will not be accepted.

Part I - General Information

Name of tax-exempt organization/municipal agency: _____

Address: _____

Federal Employer Identification Number: _____

Program Title: _____

Name of contact person: _____

Telephone number: _____

Email address: _____

Total NAA funding requested \$ _____

Total Approved Contribution Amount \$ _____

Part II – Program Information

****Please 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)).

___ Other (specify)

60% credit percentage

___ Job training/education for unemployed persons aged 50 or over;

___ Job training/education for disabled persons;

___ Program serving low-income persons;

___ Childcare services;

___ Establishments of a child day care facility;

___ Open space acquisition fund;

___ Other (specify)

Timetable:

Program start date: _____

Program completion date:* _____

****The program completion date must not be more than two years from the program start date.***

Part III – Financial Information

Please attach to this form the post project audit prepared for submission to the City of Hartford and the State of Connecticut for these purposes. Such audit shall indicate the total of all contributions received for the project, the details of fund expenditure and any other relevant information (such as level of completion, related projects, match funding, etc.) Signature of this form shall verify that the documented expenditures were made in accordance with the NAA program proposed by your organization and approved by the Connecticut Department of Revenue Services.

The undersigned hereby certifies that s/he is duly authorized to deliver documents and other instruments in the name of and on behalf of the organization submitting this form, and that the information contained in this form and the attached audit are, to the best of his/her knowledge, true, correct, complete, and represent under penalty of law the true and actual usage of the funds regarding which the form is being submitted.

Organization Name: _____

Signature by its Authorized Agent: _____

Print Name and Title: _____

Date: _____