

CITY COUNCIL AGENDA

June 23, 2025

City Council Chambers

Pledge of Allegiance

3rd Floor

Roll Call – Council Clerk

City Hall

7:00p.m. PUBLIC SESSION

*Public Comment Procedures

- There will be a five (5) minutes per person Public speaking allowed until such time as the Chair is satisfied that ample opportunity for all wishing to address the Council has been provided or until continuance of the session would compromise the responsible conduct of the Regular Council Meeting.
- There is a one-time speaking rule.
- Please wait to be recognized, approach the podium, and give your name and address.
- Please address the Council with your concern.
- Speakers, meeting attendees, and members are expected to observe proper decorum at all times.
- The use of profane, abusive, or disparaging language directed at the members of the City Council, City Officials, City employee, or members of the general public will not be tolerated.

6:50 p.m.- PUBLIC HEARING- Finance Committee-Communication C, from the June 9, 2025 agenda, from the Community Development Administration regarding approval of the Program Year 51 Neighborhood Assistance Program budget; West Haven Child Development Center, Inc.-\$15,000.00, Ward Heitmann House Museum Foundation, Inc.-\$24,500.00 and West Haven Community House-\$20,000.00.

6:55 p.m.- PUBLIC HEARING-Legislative Committee-Communication C, from the April 28, 2025 agenda, from Mayor Dorinda Borer regarding an ordinance amending Chapter 178 of the Code of the City of West Haven: Posting of Bills.

7:05p.m. REGULAR COUNCIL MEETING

I. APPROVAL OF MINUTES:

Approval of the minutes of the Regular Meeting of June 9, 2025.

II. COMMUNICATIONS:

Communication A: from the Tax Collector regarding Overpayment of refunds for June 2025.

Communication B: from Deputy Chief Carl Flemmig regarding Animal Shelter Donations.

Communication C: from Michael Gormany, Finance Director and Rachel A-Massih, Tax Manager, regarding the approval of the sale and assignment of delinquent tax liens to Tower Capital Management.

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CITY CLERK
WEST HAVEN

Communication D. from the Community Development Administration regarding approval of the Block Grant Program Year 51 budget.

Communication E. from Dave Taylor, Assistant Finance Director regarding the transfer of funds of \$2,200,000 from the Medical Internal Service Fund (603) to the Workers Compensation Internal Service Fund (602) and the transfer of \$346,029 from account 19009990-56010 Unallocated Contingency to account 14000010-52680 Town Aid Road.

Communication F: from Mayor Dorinda Borer regarding the appointment of Paula Cappuccia, RN, 787 First Avenue, West Haven CT, to the West Haven Seniors Commission. Ms. Cappuccia's appointment will be for a term of 5 years effective immediately and will expire on June 30th of 2030.

Communication G: from Mayor Dorinda Borer, regarding a request for approval of the sale of the following two (2) properties to West Haven Housing Authority d/b/a Savin Rock Communities, Inc. ("SRC") for fifty thousand dollars (\$50,000): A 0.25-acre property located at 1185 Campbell Avenue with a City map/lot designation of map 60 and lot 124; and A 0.18-acre property located at 1189 Campbell Avenue with a City map/lot designation of map 60 and lot 122 with an Open Space deed restriction.

Communication H: from Michael Ajello, Deputy Corporation Counsel, regarding an offer to transfer title to the real property located at 164 Roosevelt Avenue from Donnamarie Chappine and Marino Limauro to the City of West Haven.

III. COMMITTEE MEETINGS:

FINANCE COMMITTEE, Councilwoman Ackbarali, Chairwoman- Committee members; Councilman Vargo, Councilman Laucks, Councilwoman Tucker and Councilman Johnstone

FINANCE UPDATES

1. Finance updates from Michael Gormany, Finance Director.

Communication B: from Deputy Chief Carl Flemmig regarding Animal Shelter Donations.

Communication C: from Michael Gormany, Finance Director and Rachel A-Massih, Tax Manager, regarding the approval of the sale and assignment of delinquent tax liens to Tower Capital Management.

Communication D: from the Community Development Administration regarding approval of the Block Grant Program Year 51 budget.

Communication E. from Dave Taylor, Assistant Finance Director regarding the transfer of funds of \$2,200,000 from the Medical Internal Service Fund (603) to the Workers Compensation Internal Service Fund (602) and the transfer of \$346,029 from account 19009990-56010 Unallocated Contingency to account 14000010-52680 Town Aid Road.

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LEGISLATIVE MATTERS COMMITTEE, Councilman Vargo, Chairman -Committee members: Councilman Laucks, Councilwoman Tucker, Councilwoman Melton and Councilman Johnstone

Communication C, from the April 28, 2025 agenda, from Mayor Dorinda Borer regarding an ordinance amending Chapter 178 of the Code of the City of West Haven: Posting of Bills.

PERSONNEL & CIVIL SERVICE COMMITTEE, Councilwoman Coletti, Chairwoman – Committee members: Councilman Laucks, Councilman Vargo, Councilman Donovan and Councilman Johnstone)

Communication F: from Mayor Dorinda Borer regarding the appointment of Paula Cappuccia, RN, 787 First Avenue, West Haven CT, to the West Haven Seniors Commission. Ms. Cappuccia’s appointment will be for a term of 5 years effective immediately and will expire on June 30th of 2030.

PUBLIC LANDS COMMITTEE, Councilman Donovan, Chairman -Committee members: Councilman Laucks, Councilwoman Callahan, Councilman Vargo and Councilman Johnstone

Communication G: from Mayor Dorinda Borer, regarding a request for approval of the sale of the following two (2) properties to West Haven Housing Authority d/b/a Savin Rock Communities, Inc. (“SRC”) for fifty thousand dollars (\$50,000): A 0.25-acre property located at 1185 Campbell Avenue with a City map/lot designation of map 60 and lot 124; and A 0.18-acre property located at 1189 Campbell Avenue with a City map/lot designation of map 60 and lot 122 with an Open Space deed restriction.

Communication H: from Michael Ajello, Deputy Corporation Counsel, regarding an offer to transfer title to the real property located at 164 Roosevelt Avenue from Donnamarie Chappine and Marino Limauro to the City of West Haven.

IV: UNFINISHED BUSINESS: FY2025-2026 BUDGET-Registrar of Voters Personnel.

V. COMMITTEE REPORTS

Clerk to read Communication A into record

FINANCE COMMITTEE, Councilwoman Ackbarali, Chairwoman- Committee members; Councilman Vargo, Councilman Laucks, Councilwoman Tucker and Councilman Johnstone

Communication B: from Deputy Chief Carl Flemmig regarding Animal Shelter Donations.

Communication C: from Michael Gormany, Finance Director and Rachel A-Massih, Tax Manager, regarding the approval of the sale and assignment of delinquent tax liens to Tower Capital Management.

Communication D: from the Community Development Administration regarding approval of the Block Grant Program Year 51 budget.

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LEGISLATIVE MATTERS COMMITTEE, Councilman Vargo, Chairman -Committee members: Councilman Laucks, Councilwoman Tucker, Councilwoman Melton and Councilman Johnstone

Communication C, from the April 28, 2025 agenda, from Mayor Dorinda Borer regarding an ordinance amending Chapter 178 of the Code of the City of West Haven: Posting of Bills.

PERSONNEL & CIVIL SERVICE COMMITTEE, Councilwoman Coletti, Chairwoman – Committee members: Councilman Laucks, Councilman Vargo, Councilman Donovan and Councilman Johnstone

Communication F: from Mayor Dorinda Borer regarding the appointment of Paula Cappuccia, RN, 787 First Avenue, West Haven CT, to the West Haven Seniors Commission. Ms. Cappuccia’s appointment will be for a term of 5 years effective immediately and will expire on June 30th of 2030.

PUBLIC LANDS COMMITTEE, Councilman Donovan, Chairman -Committee members: Councilman Laucks, Councilwoman Callahan, Councilman Vargo and Councilman Johnstone

Communication G: from Mayor Dorinda Borer, regarding a request for approval of the sale of the following two (2) properties to West Haven Housing Authority d/b/a Savin Rock Communities, Inc. (“SRC”) for fifty thousand dollars (\$50,000): A 0.25-acre property located at 1185 Campbell Avenue with a City map/lot designation of map 60 and lot 124; and A 0.18-acre property located at 1189 Campbell Avenue with a City map/lot designation of map 60 and lot 122 with an Open Space deed restriction.

Communication H: from Michael Ajello, Deputy Corporation Counsel, regarding an offer to transfer title to the real property located at 164 Roosevelt Avenue from Donnamarie Chappine and Marino Limauro to the City of West Haven.

VII. COUNCIL LIAISON REPORTS

VIII. NEW BUSINESS

IX. ADJOURNMENT

Nicholas Pascale
Chairman of the Council

Stacy Riccio
Clerk of the Council

Carlotta M. Serrini
City Council Administrator

Minutes of the June 9, 2025, Regular Meeting of the West Haven City Council in the Council Chambers 3rd floor, West Haven City Hall

The Regular Meeting of the West Haven City Council was held on Tuesday, June 9, 2025, at 7:00p.m. in the City Council Chambers 3rd floor. Chairman Pascale called the meeting to order at 7:04 p.m.

Pledge of Allegiance

Roll Call: Council Members Present: Meli Garthwait, Brian Laucks, Edward McMillian, Ruby Melton Gary Donovan, Dawn Callahan, Christopher Vargo, Jr., Katherine Tucker, and Steven Johnstone, Nicholas Pascale and Anne Heffernan. Absent: Sarah Ackbarali and Kathleen Mueller. Also present: Paul Dorsi, Corporation Counsel, Dave Taylor, Assistant Finance Director, Phil Sissick, Commissioner of Public Works, Sheila Carmon, Health Director, John Carrano, Commissioner of Human Resources, Coralie Carrone, Youth Services Coordinator, Diane Dietman, Director of Youth and Family Services, Alyssa Eckstein, LCSW, Alyssa Granato, Community Health Coordinator, and Ron Dumas, CDA Housing Specialist.

7:05-7:28 p.m. PUBLIC SESSION

See City's website for remarks.

Chairman Pascale called the Regular Meeting to order at 7:28 p.m.

I. APPROVAL OF MINUTES:

Councilwoman Tucker made a **MOTION to APPROVE** the Regular Meeting minutes from the May 12, 2025, meeting, which was **SECONDED** by Councilman McMillian. **MOTION passed UNANIMOUSLY.** Councilwoman Callahan and Councilman Laucks abstained.

Councilman Vargo made a **MOTION to APPROVE** the Regular Meeting minutes from the May 27, 2025, meeting, which was **SECONDED** by Councilwoman Heffernan. **MOTION passed UNANIMOUSLY.** Councilwomen Melton and Callahan abstained.

II. COMMUNICATIONS:

Communication A: from the Tax Collector regarding Overpayment of refunds for June 2025.

Communication B: from the Community Development Administration regarding approval of the Program Year 51 Neighborhood Assistance Program budget; West Haven Child Development Center, Inc.-\$15,000.00, Ward Heitmann House Museum Foundation, Inc.-\$24,500.00 and West Haven Community House-\$20,000.00.

Communication C: from Mayor Dorinda Borer regarding an application to the Connecticut Department of Economic and Community Development for funding up to \$2,000,000 to undertake the School Streetscapes and Safety Project and to execute an Assistance Agreement.

Communication D: from Mayor Dorinda Borer regarding an application to the Connecticut Department of Economic and Community Development for funding up to \$2,500,000 to undertake the Wagner Pedestrian Bridge Project and to execute an Assistance Agreement.

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TOWN AND CITY CLERK
WEST HAVEN

Communication E: from the Finance Director Gormany and Public Works Commissioner Sissick, requesting an authorization to add LOCIP project name “Paving” in the amount up to \$927,000.00 to the Capital Improvement Plan within the FY 2024-2025 Capital Budget.

Communication F: from the Finance Director Gormany and Public Works Commissioner Sissick, requesting an authorization to add LOCIP project name “Paving” in the amount up to \$345,000.00 to the Capital Improvement Plan within the FY 2025-2026 Capital Budget.

Communication G: from Finance Director Gormany, regarding a bid waiver for purchase of used vehicles valued at \$35,000.00 or less for FY 2025-2026.

III. COMMITTEE MEETINGS:

Health, Welfare and Safety Committee called to order at 7:32 p.m.

HEALTH, WELFARE AND SAFETY COMMITTEE, Councilwoman Tucker, Chairwoman, Councilwoman Mueller (absent), Councilman McMillian, Councilwoman Heffernan, Councilwoman Garthwait

Presentation by Health & Human Services regarding upcoming initiatives. **See City’s website for remarks.**

Health, Welfare and Safety Committee closed at 8:22 p.m.

Finance Committee called to order at 8:23 p.m.

FINANCE COMMITTEE, Councilman Vargo, acting Chairman- Committee members; Councilwoman Ackbarali (absent), Councilwoman Tucker, Councilman Laucks, and Councilman Johnstone

Communication B: from the Community Development Administration regarding approval of the Program Year 51 Neighborhood Assistance Program budget; West Haven Child Development Center, Inc.-\$15,000.00, Ward Heitmann House Museum Foundation, Inc.-\$24,500.00 and West Haven Community House-\$20,000.00. **-Public Hearing to be set for June 23, 2025 at 6:50 p.m.**

Councilman Johnstone presented a **MOTION** to recommend the acceptance to the entire Council regarding **Communication C** from Mayor Dorinda Borer regarding an application to the Connecticut Department of Economic and Community Development for funding up to \$2,000,000 to undertake the School Streetscapes and Safety Project and to execute an Assistance Agreement, which was **SECONDED** by Councilman Laucks. All in favor. **MOTION passed UNANIMOUSLY viva voce.**

Councilwoman Tucker presented a **MOTION** to recommend the acceptance to the entire Council regarding **Communication D** from Mayor Dorinda Borer regarding an application to the Connecticut Department of Economic and Community Development for funding up to \$2,500,000 to undertake the Wagner Pedestrian Bridge Project and to execute an Assistance Agreement, which was **SECONDED** by Councilman Johnstone. All in favor. **MOTION passed UNANIMOUSLY viva voce.**

Councilman Johnstone presented a **MOTION** to recommend the acceptance to the entire Council regarding **Communication E** from the Finance Director Gormany and Public Works Commissioner Sissick, requesting an authorization to add LOCIP project name “Paving” in the amount up to

\$927,000.00 to the Capital Improvement Plan within the FY 2024-2025 Capital Budget, which was **SECONDED** by Councilwoman Tucker. All in favor. **MOTION passed UNANIMOUSLY viva voce.**

Councilwoman Tucker presented a **MOTION** to recommend the acceptance to the entire Council regarding **Communication F** from the Finance Director Gormany and Public Works Commissioner Sissick, requesting an authorization to add LOCIP project name "Paving" in the amount up to \$345,000.00 to the Capital Improvement Plan within the FY 2025-2026 Capital Budget, which was **SECONDED** by Councilman Laucks. All in favor. **MOTION passed UNANIMOUSLY viva voce.**

Councilwoman Tucker presented a **MOTION** to recommend the acceptance to the entire Council regarding **Communication G** from Finance Director Gormany, regarding a bid waiver for purchase of used vehicles valued at \$35,000.00 or less for FY 2025-2026, which was **SECONDED** by Councilman Laucks. All in favor. **MOTION passed UNANIMOUSLY viva voce.**

Finance Committee closed at 8:48 p.m.

Legislative Matters Committee called to order at 8:48 p.m.

LEGISLATIVE MATTERS COMMITTEE, Councilman Vargo, Chairman -Committee members: Councilman Laucks, Councilwoman Tucker, Councilwoman Melton and Councilman Johnstone

Communication C, from the April 28, 2025 agenda, from Mayor Dorinda Borer regarding an ordinance amending Chapter 178 of the Code of the City of West Haven: Posting of Bills. Public Hearing to be set for June 23, 2025 at 6:55 p.m.

Legislative Matters Committee closed at 9:01 p.m.

IV: UNFINISHED BUSINESS: -None.

V. COMMITTEE REPORTS-9:01 p.m.

Clerk to read Communication A into record

FINANCE COMMITTEE, Councilman Vargo, acting Chairman- Committee members; Councilwoman Ackbarali (absent), Councilwoman Tucker, Councilman Laucks, and Councilman Johnstone

Communication B: from the Community Development Administration regarding approval of the Program Year 51 Neighborhood Assistance Program budget; West Haven Child Development Center, Inc.-\$15,000.00, Ward Heitmann House Museum Foundation, Inc.-\$24,500.00 and West Haven Community House-\$20,000.00. **-Public Hearing to be set for June 23, 2025 at 6:50 p.m.**

Communication C: from Mayor Dorinda Borer regarding an application to the Connecticut Department of Economic and Community Development for funding up to \$2,000,000 to undertake the School Streetscapes and Safety Project and to execute an Assistance Agreement. Councilman Vargo made a **MOTION to APPROVE** which was which was **SECONDED** by Councilwoman Heffernan. All in favor. **MOTION passed UNANIMOUSLY.**

RESOLVED, that the City of West Haven may make an application to the Connecticut Department of Economic

and Community Development for up to \$2,000,000 to undertake the School Streetscapes and Safety Project and to execute an Assistance Agreement;

FURTHER RESOLVED, that Dorinda Borer, as Mayor of the City of West Haven, is authorized and directed to execute and deliver any and all documents on behalf of the City of West Haven and to do and perform all acts which she deems to be necessary or appropriate to carry out the terms of such documents, including, but not limited to, executing and delivering all agreements and documents contemplated by such documents.

Communication D: from Mayor Dorinda Borer regarding an application to the Connecticut Department of Economic and Community Development for funding up to \$2,500,000 to undertake the Wagner Pedestrian Bridge Project and to execute an Assistance Agreement. Councilman Vargo made a **MOTION to APPROVE** which was which was **SECONDED** by Councilwoman Heffernan. All in favor. **MOTION passed UNANIMOUSLY.**

RESOLVED: that the City of West Haven may make an application to the Connecticut Department of Economic and Community Development for up to \$2,500,000 to undertake the Wagner Pedestrian Bridge Project and to execute an Assistance Agreement;

FURTHER RESOLVED, that Dorinda Borer, as Mayor of the City of West Haven, is authorized and directed to execute and deliver any and all documents on behalf of the City of West Haven and to do and perform all acts which she deems to be necessary or appropriate to carry out the terms of such documents, including, but not limited to, executing and delivering all agreements and documents contemplated by such documents.

Communication E: from the Finance Director Gormany and Public Works Commissioner Sissick, requesting an authorization to add LOCIP project name "Paving" in the amount up to \$927,000.00 to the Capital Improvement Plan within the FY 2024-2025 Capital Budget. Councilman Vargo made a **MOTION to APPROVE** which was which was **SECONDED** by Councilwoman Tucker. All in favor. **MOTION passed UNANIMOUSLY.**

Authorization to add LOCIP project name "Paving" in the amount of \$926,918.73 to the Capital Improvement Plan within the FY 2024-2025 Capital Budget.

BE IT RESOLVED: That the City of West Haven, by and through its Finance Director, is authorized to obligate LOCIP funds in the amount of \$926,918.73 to LOCIP project name "Paving," and

BE IT FURTHER RESOLVED: That the City of West Haven, by and through its Finance Director, is authorized to add LOCIP project name "Paving" to the FY 2024-2025 Capital Improvement Plan; and

BE IT FURTHER RESOLVED: That such funds shall be used in accordance with LOCIP Grant guidelines for the paving of City streets, within the City of West Haven.

Communication F: from the Finance Director Gormany and Public Works Commissioner Sissick, requesting an authorization to add LOCIP project name "Paving" in the amount up to \$345,000.00 to the Capital Improvement Plan within the FY 2025-2026 Capital Budget. Councilman Vargo made a

MOTION to APPROVE which was which was **SECONDED** by Councilwoman Heffernan. All in favor.
MOTION passed UNANIMOUSLY.

Authorization to add LOCIP project name "Paving" in the amount of \$341,411.40 to the Capital Improvement Plan within the FY 2025-2026 Capital Budget.

BE IT RESOLVED: That the City of West Haven, by and through its Finance Director, is authorized to obligate LOCIP funds in the amount of \$341,411.40 to LOCIP project name "Paving," and

BE IT FURTHER RESOLVED: That the City of West Haven, by and through its Finance Director, is authorized to add LOCIP project name "Paving" to the FY 2025-2026 Capital Improvement Plan; and

BE IT FURTHER RESOLVED: That such funds shall be used in accordance with LOCIP Grant guidelines for the paving of City streets, within the City of West Haven.

Communication G: from Finance Director Gormany, regarding a bid waiver for purchase of used vehicles valued at \$35,000.00 or less for FY 2025-2026. Councilman Vargo made a **MOTION to APPROVE** which was which was **SECONDED** by Councilwoman Melton. All in favor. **MOTION passed UNANIMOUSLY.**

WHEREAS: The City Council has received a request (attached) from Philip J. Sissick, Commissioner of Public Works; Robert Orifice, City of West Haven Fleet Superintendent; and Michael Gormany, Finance Director, for a waiver of the City's purchasing requirements and competitive bidding process in connection with the purchase of certain used vehicles for a purchase price of \$35,000 or below.

WHEREAS: Chapter 42-15 of the West Haven Code provides that the "City Council shall have the authority to waive the bidding and RFQ requirements of this chapter on all contractual services and professional services . . . upon a determination by the Council that such waiver of bid or RFQ is in the best interests of the City of West Haven."

WHEREAS: The request submitted by the Fleet Superintendent indicates that 1) The bidding process for vehicles normally takes one month or more to complete; 2) This hinders the ability of the City to purchase quality used vehicles as the market is highly competitive, and quality used vehicles generally sell fast once offered for sale; 3) There is a present need to purchase vehicles for several City departments; and 4) The ability to purchase used vehicles under \$35,000 will result in significant cost savings compared to the cost of purchasing new vehicles.

THEREFORE, BE IT RESOLVED: That waiver of all bidding and RFQ requirements of Chapter 42 of the West Haven code in connection with the purchase of used vehicles for the City of West Haven with a purchase price of \$35,000 or below is hereby waived for fiscal year 2025 - 2026

FURTHER RESOLVED: That all purchases of used vehicles will comply with existing procurement policies, including the conducting of due diligence to ensure fair pricing and vehicle quality, and all such purchases shall be reported to the City Council.

FURTHER RESOLVED: That Dorinda Borer, as Mayor of The City of West Haven, is authorized and directed to execute and deliver any and all documents related to this Resolution on behalf of the City of West Haven and to do and perform all acts and things which she deems to be necessary or appropriate to carry out the terms of such documents, including, but not limited to, executing and delivering all agreements and documents contemplated by such document.

LEGISLATIVE MATTERS COMMITTEE, Councilman Vargo, Chairman -Committee members: Councilman Laucks, Councilwoman Tucker, Councilwoman Melton and Councilman Johnstone

Communication C, from the April 28, 2025, meeting, from Mayor Dorinda Borer regarding an ordinance amending Chapter 178 of the Code of the City of West Haven: Posting of Bills. Public Hearing to be set for June 23, 2025 at 6:55 p.m.

VI. COUNCIL LIAISON REPORTS

Councilwoman Garthwait thanked Captain Romano, the Mayor and Chief Perno and Corey from Audubon for choosing West Haven to receive grant. Councilwoman Melton shared some of the updates on projects provided by Economic Director, Steve Fontana. Councilman McMillian said that the Washington School COE is expected in the next couple of weeks and that Superintendent Cavallaro's contract is extended for 2 years. **See remarks on City's website.**

VII. NEW BUSINESS

Chairman Pascale referred the Registrar of Voters issue concerning the name of positions to Corporation Counsel for a legal opinion. Councilman Laucks said it needs to be done prior to the next council meeting and Councilwoman Garthwait wondered why they were being called Assistant Registrars as they work at the polls. Councilman Vargo would like to refer out to Joann Callegari who put the name of the title in the budget. Councilwoman Garthwait asked Joann Callegari why she did not come to the meeting. She stated that she met with Mayor Borer and thought that's all she had to do. Councilwoman Garthwait and Councilman Laucks both stated that an employee should not lose their job and Councilman Laucks said that he felt hoodwinked and not told that a person would be losing their job. **See remarks on City's website.**

VIII. ADJOURNMENT

Councilwoman Heffernan made a **MOTION to ADJOURN** which was **SECONDED** by Councilman Laucks. All in favor. **MOTION passed UNANIMOUSLY.**

The City Council meeting was ADJOURNED at 10:01 p.m.

**Nicholas Pascale
Chairman of the Council**

**Stacy Riccio
Clerk of the Council**

**Carlotta M. Serrini
City Council Administrator**

****These minutes are subject to City Council approval.**

COMMUNICATION A
Department of Revenue Collection

City of West Haven
355 Main Street
West Haven, Connecticut 06516



Dorinda Borer
Mayor

Eric Murillo
Tax Collector

To: Nicholas Pascale
Chairman, City Council

From: Eric Murillo
Tax Collector

Rachel A-Massih
Tax Manager

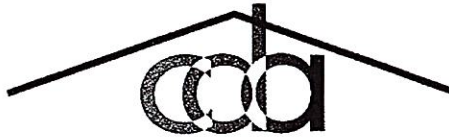
Re: Overpayment of Taxes – Tax Refunds

Attached is an additional list(s) of June refunds which require council approval.
Any additional information can be supplied upon request.

Thank you.

West Haven Tax Office
RAM/TL

COMMUNICATION B from the June 9, 2025 Agenda



COMMUNITY DEVELOPMENT ADMINISTRATION

City of West Haven • 355 Main Street • West Haven, CT 06516



May 19, 2025

Nicholas A. Pascale, Chairman of Council
City of West Haven
355 Main Street
West Haven, CT. 06516

Dear Chairman Pascale,

The following applications have been received for the 2025 State of Connecticut Neighborhood Assistance Act:

NAA Funding Request

1. West Haven Child Development Center Inc.	\$15,000.00
2. Ward Heitmann House Museum Foundation, Inc.	\$24,500.00
3. West Haven Community House	\$20,000.00

I respectfully request that the Neighborhood Assistance program be placed on the City Council agenda for June 9, 2025. Please schedule the Public Notice and Hearing and place on the agenda for action on June 9, 2025.

Please do not hesitate to contact me if you have any questions regarding this matter.

Respectfully,

Ronald C. Dumas
CDA Housing Specialist
West Haven Municipal Liaison Officer

Municipality: City of West Haven

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: _____
THE WEST HAVEN COMMUNITY HOUSE ASSOCIATION INC.

Address: 227 ELM STREET, WEST HAVEN CT

Federal Employer Identification Number: 0 6 - 0 6 4 6 9 5 7

Program title: ENEREGY CONSERVATION AND CAPITAL IMPROVEMENTS TO FACILITIES

Name of contact person: AMY GUAY-MACFARLANE, EXECUTIVE DIRECTOR

Telephone number: (203) 934-5221

Email address: farguharsonp6@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 20,000.00

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

- ☒ 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 reconfiguring the heating system in our main building located at 227 Elm Street, currently served by radiant heat. To enhance energy efficiency, we will add forced hot air heating for more consistent and responsive temperature control. The project includes replacing 2 aging rooftop units (RTU's) that use phased-out R-22 refrigerant. The new high-efficiency RTU's will provide both heating and cooling. This upgrade will improve energy performance, reduce reliance on space heaters, and enhance occupant safety while meeting modern sustainability & energy code requirements.

Need for program: _____

Our organization is committed to providing a safe, comfortable, and energy-efficient environment for our staff and community. Unfortunately, our current HVAC units are outdated, unreliable, and no longer meet today's energy or environmental standards. With limited funding, we are unable to replace them without assistance. A grant for new high-efficiency HVAC units would not only reduce our energy costs and environmental impact, but also ensure that our space remains warm in the winter, cool in the summer, and healthy year-round. Your support would make a meaningful difference in the daily lives of everyone who walks through our doors.

Neighborhood area to be served: _____

WHCH services a) Head Start preschool for 3 & 4 year olds; b) Children and Youth Services including before and after school programs for K-6 grade students, and c) Day, Residential High School Transition programs for adults with intellectual disabilities. A grant to support the replacement of our HVAC units would directly impact hundreds of individuals: children, families, and adults with disabilities- by ensuring they have access to warm, cool, and safe spaces year-round. Your investment would not only improve efficiency and reduce operational costs, but most importantly, help us continue to provide high-quality, inclusive services to our community.

Plan to implement the program: _____

Work will be completed according to the timeline outlined once funding is secured. All efforts will be coordinated to minimize disruption to ongoing programs and ensure a smooth transition to the upgraded HVAC systems.

Timetable:

Program start date: 07-01-2025

Program completion date: 06-30-2026

Post-project audit due date: _____

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 \$20,000.00

Other funding sources - itemized sources:

a) WHCH CAPTIAL IMPROVEMENT SAVINGS \$20,500.00

b) _____

c) _____

d) _____

Total Funding: \$40,500.00

Proposed Program Expenditures:

Direct operating expenses - itemized description:

a) REPLACEMENT RTU LOBBY(#1) AND ACTIVITY RM (#4) \$40,500.00

b) _____

c) _____

d) _____

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$40,500.00

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: _____

City of West Haven

Mailing address: _____

355 Main Street, 2nd Floor, West Haven, CT. 06516

Name of municipal liaison: Ronald C Dumas

Telephone number: (203) 937-3546

Fax number: (203) 937-4213

Email address: rdumas@westhaven-ct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

☒ No

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

Date

Form **8868**
(Rev. January 2022)**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE WEST HAVEN COMMUNITY HOUSE ASSOCIATION INC	Taxpayer identification number (TIN) 06-0646957
	Number, street, and room or suite no. If a P.O. box, see instructions. 227 ELM STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST HAVEN, CT 06516	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DEBORAH WRIGHT - 227 ELM STREET WEST HAVEN, CT 06516 -

- The books are in the care of ► **WEST HAVEN, CT 06516**

Telephone No. ► **203-934-5221**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
Inspection**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE WEST HAVEN COMMUNITY HOUSE ASSOCIATION INC		D Employer identification number 06-0646957
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	227 ELM STREET		(203) 934-5221
	City or town, state or province, country, and ZIP or foreign postal code WEST HAVEN, CT 06516		G Gross receipts \$ 8,615,415.
F Name and address of principal officer: AMY GUAY-MACFARLANE SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WHCOMMUNITYHOUSE.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1941 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE WEST HAVEN COMMUNITY HOUSE EXISTS TO FACILITATE HEALTHY, PRODUCTIVE, INDEPENDENT AND MEANINGFUL		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	147
	6 Total number of volunteers (estimate if necessary)	6	265
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	7,249,370.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	1,206,333.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-46,605.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	122,268.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	8,531,366.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	6,180,234.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	1,913,139.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	8,093,373.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	0.	437,993.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,898,936.	5,441,486.
22 Net assets or fund balances. Subtract line 21 from line 20	1,395,533.	1,399,951.	
		3,503,403.	4,041,535.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <u>Amy Guay-MacFarlane</u>		Date: <u>5/13/2024</u>		
	Type or print name and title: AMY GUAY-MACFARLANE, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	MARY KAY CURTISS	MARY KAY CURTISS	05/11/24	☐	P01551484
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLIFTONLARSONALLEN	41-0746749		(860) 561-4000	
Firm's address					
29 SOUTH MAIN STREET, 4TH FLOOR					
WEST HARTFORD, CT 06107					

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**THE WEST HAVEN COMMUNITY HOUSE
ASSOCIATION INC**

Form 990 (2022)

06-0646957 Page 2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1 Briefly describe the organization's mission:
THE WEST HAVEN COMMUNITY HOUSE EXISTS TO FACILITATE HEALTHY,
PRODUCTIVE, INDEPENDENT AND MEANINGFUL LIVES FOR CHILDREN,
ADOLESCENTS, FAMILIES AND INDIVIDUALS WITH DISABILITIES. THE SERVICES
PROVIDED ENCOURAGE INDIVIDUAL DEVELOPMENT AND HEALTHY GROUP
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 1,904,640. including grants of \$) (Revenue \$ 0.)
HEAD START PROGRAM - SERVED A TOTAL OF 177 CHILDREN AND 170 FAMILIES.
PROVIDED A FULL RANGE OF HEAD START SERVICES INCLUDING EDUCATION,
NUTRITION, SOCIAL SERVICES, HEALTH, AND PARENT INVOLVEMENT. IN
ADDITION, EXTENDED DAY CHILD-CARE SERVICES WERE ALSO PROVIDED. OTHER
ACCOMPLISHMENTS INCLUDE A LITERACY PROGRAM AND INCREASED PARENT
ENGAGEMENT ACTIVITIES.
- 4b (Code:) (Expenses \$ 3,838,369. including grants of \$) (Revenue \$ 553,277.)
INTELLECTUAL DISABILITIES - PROVIDED DAY SERVICES TO XX ADULTS IN THREE
SERVICES. IN ADDITION, RESIDENTIAL SERVICES WERE PROVIDED FOR 23 ADULTS
WITH INTELLECTUAL DISABILITIES: 9 ADULTS RESIDED IN GROUP HOMES AND 9
ADULTS WERE PROVIDED CONTINUOUS RESIDENTIAL SUPPORT IN THEIR
OWNAPARTMENTS. 5 ADULTS WERE PROVIDED WITH IN HOME SUPPORT SERVICES.
ALSO PROVIDED SERVICES FOR 11 YOUNG ADULTS WITH INTELLECTUAL
DISABILITIES IN A TRANSITIONAL ACADEMY
- 4c (Code:) (Expenses \$ 880,540. including grants of \$) (Revenue \$ 657,190.)
CHILDREN AND YOUTH SERVICES - PROVIDED BEFORE AND AFTER SCHOOL AND
ENGAGEMENT ACTIVITIES. SUMMER CHILDCARE TO 192 CHILDREN FROM AGES FIVE
THROUGH ELEVEN AT 7 NEIGHBORHOOD SCHOOLS: PAGELS, MOLLOY, WASHINGTON,
SETH HALEY, SAVIN ROCK, MACKRILLE AND CARRIGAN.
- 4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)
- 4e Total program service expenses 6,623,549.

Form 990 (2022)

**THE WEST HAVEN COMMUNITY HOUSE
ASSOCIATION INC**

Form 990 (2022)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**THE WEST HAVEN COMMUNITY HOUSE
ASSOCIATION INC**

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Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	23
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**THE WEST HAVEN COMMUNITY HOUSE
ASSOCIATION INC**

Form 990 (2022)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 147		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**THE WEST HAVEN COMMUNITY HOUSE
ASSOCIATION INC**

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	25													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		25												
b Enter the number of voting members included on line 1a, above, who are independent		25												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X										
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3									X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5									X
6 Did the organization have members or stockholders?					6									X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a									X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b									X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?					8a	X								
b Each committee with authority to act on behalf of the governing body?					8b	X								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9									X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a													X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X										
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done						12c	X							
13 Did the organization have a written whistleblower policy?						13	X							
14 Did the organization have a written document retention and destruction policy?						14	X							
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official						15a	X							
b Other officers or key employees of the organization						15b	X							
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?						16a								X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						16b								

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DEBORAH WRIGHT - 203-934-5221
227 ELM STREET WEST HAVEN, CT 06516, WEST HAVEN, CT 06516

**THE WEST HAVEN COMMUNITY HOUSE
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY GUAY-MACFARLANE EXECUTIVE DIRECTOR	40.00			X				112,398.	0.	0.
(2) DEBORAH WRIGHT ASSISTANT EXECUTIVE DIRECTOR	40.00			X				98,798.	0.	0.
(3) KATIE FARRELL PRESIDENT	1.00	X		X				0.	0.	0.
(4) RONALD M. QUAGLIANI FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) PAMELA L. O'NEILL SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(6) JOHN F. ONOFRIO TREASURER	1.00	X		X				0.	0.	0.
(7) GENE SULLIVAN SECRETARY	1.00	X		X				0.	0.	0.
(8) JAY BRENNAN ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(9) WILLIAM HEFFERNAN IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(10) RICHARD S. BRUNO DIRECTOR	1.00	X						0.	0.	0.
(11) MARK J. DEGENNARO DIRECTOR	1.00	X						0.	0.	0.
(12) PATRICIA W. FUSCO DIRECTOR	1.00	X						0.	0.	0.
(13) AUDREY L. JEFFERSON DIRECTOR	1.00	X						0.	0.	0.
(14) ELIZABETH K. JOHNSTON DIRECTOR	1.00	X						0.	0.	0.
(15) WILLIAM C. LANG DIRECTOR	1.00	X						0.	0.	0.
(16) MICHAEL P. LAST DIRECTOR	1.00	X						0.	0.	0.
(17) JOHN LEWIS DIRECTOR	1.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY JANE MORRISSEY DIRECTOR	1.00	X						0.	0.	0.
(19) EDWARD M. O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
(20) CAROLE PORTO DIRECTOR	1.00	X						0.	0.	0.
(21) KENNETH S. PRISCO DIRECTOR	1.00	X						0.	0.	0.
(22) NANCY ROSSI DIRECTOR	1.00	X						0.	0.	0.
(23) MICHAEL TODD TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(24) DOUGLAS J. TURCOTTE DIRECTOR	1.00	X						0.	0.	0.
(25) DENYA MCGEE DIRECTOR	1.00	X						0.	0.	0.
(26) EDWARD ANYAPULU DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								211,196.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								211,196.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7,198,370.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,000.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		7,249,370.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code				
			900099	660,130.	660,130.		
	b	PROGRAM INCOME	900099	476,296.	476,296.		
	c	RESIDENTIAL ROOM AND B	900099	69,907.	69,907.		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		1,206,333.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,777.			3,777.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real (ii) Personal				
	6 a	Gross rents	6a	29,400.			
	b	Less: rental expenses	6b	25,266.			
	c	Rental income or (loss)	6c	4,134.			
	d	Net rental income or (loss)		4,134.	4,134.		
	7 a	Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses	7b	50,382.			
	c	Gain or (loss)	7c	-50,382.			
	d	Net gain or (loss)		-50,382.			-50,382.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	43,035.			
	b	Less: direct expenses	8b	8,401.			
	c	Net income or (loss) from fundraising events		34,634.			34,634.
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code				
			900099	83,500.			83,500.
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		83,500.				
12	Total revenue. See instructions		8,531,366.	1,210,467.	0.	71,529.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,196.	175,785.	35,411.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,870,871.	4,054,181.	816,690.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	587,209.	534,354.	52,855.	
10 Payroll taxes	510,958.	429,744.	81,214.	
11 Fees for services (nonemployees):				
a Management				
b Legal	32,649.		32,649.	
c Accounting	91,121.	21,220.	69,901.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	351,679.	287,079.	64,600.	
12 Advertising and promotion	24,727.	21,063.	3,664.	
13 Office expenses	112,125.	37,789.	74,336.	
14 Information technology				
15 Royalties				
16 Occupancy	168,046.	103,639.	64,407.	
17 Travel	389.	259.	130.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,168.	16,568.	600.	
20 Interest	12,626.	11,906.	720.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	184,125.	142,625.	41,500.	
23 Insurance	40,057.	17,025.	23,032.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD	233,155.	217,021.	16,134.	
b TRANSPORTATION	176,583.	176,583.		
c REPAIRS AND MAINTENANCE	167,728.	105,722.	62,006.	
d PROGRAM SUPPLIES	144,987.	144,798.	189.	
e All other expenses	155,974.	126,188.	29,786.	
25 Total functional expenses. Add lines 1 through 24e	8,093,373.	6,623,549.	1,469,824.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,011,593.	1	1,412,897.
	2 Savings and temporary cash investments	196,440.	2	196,476.
	3 Pledges and grants receivable, net	604,470.	3	539,705.
	4 Accounts receivable, net	236,917.	4	324,600.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,476.	9	397.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,985,139.		
	b Less: accumulated depreciation	10b 5,152,970.	1,835,850.	10c 1,832,169.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	980,190.	13	1,067,896.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	67,346.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,898,936.	16	5,441,486.	
Liabilities	17 Accounts payable and accrued expenses	315,428.	17	308,746.
	18 Grants payable		18	
	19 Deferred revenue	802,073.	19	787,003.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	278,032.	23	236,378.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	67,824.
	26 Total liabilities. Add lines 17 through 25	1,395,533.	26	1,399,951.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	700,697.	27	700,697.
	28 Net assets with donor restrictions	2,802,706.	28	2,802,706.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,503,403.	32	4,041,535.
33 Total liabilities and net assets/fund balances	4,898,936.	33	5,441,486.	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,531,366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,093,373.
3	Revenue less expenses. Subtract line 2 from line 1	3	437,993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,503,403.
5	Net unrealized gains (losses) on investments	5	100,139.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,041,535.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

Municipality: City of West Haven

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: _____
West Haven Child Development Center, Inc.

Address: 201 Noble St
West Haven, CT 06516

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

Program title: Energy Efficient Air Filtration Systems for Classrooms

Name of contact person: Dr. Patrice Farquharson

Telephone number: (203) 932-2939

Email address: farquharsonp6@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 15,000.00

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

- ☒ 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 West Haven Child Development Center, Inc (WHCDC) is a center-based early childcare and education program in Connecticut serving over 150 children a year, ages 6 weeks to 5 years, accredited by the National Association for the Education of Young Children (NAEYC). Many children present with Asthma and respiratory illness, especially during the winter months so clean air is really essential for the population we serve.

Need for program: _____

To operate safely for parents, children, and staff, utilizing a comprehensive safety plan. Following the guidance of our local health department and the State of CT DPH we have developed a plan to have healthier building circulation. Although we had a very thorough safety plan for health screening, enhanced cleaning, and disinfecting, we did not have a clean air filtration system. This is one of the necessary items that the CDC has highly recommended, especially for multi-use buildings, like ours. We added screens to open windows, but that is not feasible in the winter months. Providing clean air all year is essential.

Neighborhood area to be served: _____

City-Wide

Plan to implement the program: _____

Once funding is secured, we will purchase the necessary equipment and have it installed.

Timetable:Program start date: 01-02-2026

MM - DD - YYYY

Program completion date: 06-30-2026

MM - DD - YYYY

Post-project audit due date: _____

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 \$15,000.00

Other funding sources - itemized sources:

a) Fundraising \$5,000.00

b) _____

c) _____

d) _____

Total Funding: \$20,000.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) CleanLeaf CL-1100-C18 3-Stage 2,550 each x 5 \$11,250.00b) Commercial Air Filtration System _____c) System - 950 CFM CleanLeaf Mounted Silencer Series \$3,750.00d) Installation \$5,000.00

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$20,000.00

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: _____

City of West Haven

Mailing address: _____

355 Main Street, 2nd Floor, West Haven, CT. 06516

Name of municipal liaison: Ronald C Dumas

Telephone number: (203) 937-3546

Fax number: (203) 937-4213

Email address: rdumas@westhaven-ct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

☒ No

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

Date

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2023 calendar year, or tax year beginning 10/1/2023, and ending 9/30/2024		
Check if applicable:	C Name of organization WEST HAVEN CHILD DEVELOPMENT CENTER, INC.	D Employer identification number 06-0978738
Address change	Doing business as	E Telephone number (203) 932-2939
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 NOBLE ST	
Initial return	City or town State ZIP code WEST HAVEN CT 06516	
Final return/terminated	Foreign country name Foreign province/state/county Foreign postal code	
Amended return		G Gross receipts \$ 2,842,71
Application pending	F Name and address of principal officer: PATRICE FARQUHARSON 201 NOBLE ST, WEST HAVEN, CT 06516	H(a) Is this a group return for subordinates? Yes ☒ No ☐ H(b) Are all subordinates included? Yes ☐ No ☐ If "No," attach a list. See Instructions
Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	H(c) Group exemption number	
Website: WWW.WHCDC.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1977	M State of legal domicile: C

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES DAY CARE, PRESCHOOL, SCHOOL READINESS AND HEADSTART PROGRAMS TO CHILDREN AGES 6 WEEKS TO 6 YEARS OLD.
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,521,403
	9 Program service revenue (Part VIII, line 2g) 673,825
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 821
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,196,049
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,588,884
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0
	b Total fundraising expenses (Part IX, column (D), line 25) 0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 617,669	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,206,553	
19 Revenue less expenses. Subtract line 18 from line 12 -10,504	
NET ASSETS OR FUND BALANCES	20 Total assets (Part X, line 16) 1,125,409
	21 Total liabilities (Part X, line 26) 531,159
	22 Net assets or fund balances. Subtract line 21 from line 20 594,250

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Signature of officer	Date			
PATRICE FARQUHARSON	EXECUTIVE DIRECTOR			
Type or print name and title				
Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL SOLAKIAN	MICHAEL SOLAKIAN	2/2/2025		XXXXXXXXXX
Firm's name	Firm's EIN			
SOLAKIAN & COMPANY, LLC	XX-XXX6695			
Firm's address	Phone no.			
580 JOHNS PASS AVENUE, MADEIRA BEACH, FL 33708	(203) 215-6541			
May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No				

Municipality: CITY OF WEST HAVEN

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: _____
WARD HEITMANN HOUSE MUSEUM FOUNDATION, INC.

Address: 277 ELM ST
WEST HAVEN, CT 06516

Federal Employer Identification Number: 0 6 - 1 4 5 0 0 1 4

Program title: ENERGY CONSERVATION HVAC SYSTEM

Name of contact person: PATRICE FARQUHARSON

Telephone number: (203) 932-2939

Email address: FARQUHARSONP6@GMAIL.COM

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 24,500.00

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

- ☒ 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 museum is of great importance to our city, The Ward-Heitmann House is the oldest surviving structure in West Haven, CT, and maybe the oldest within the original boundaries of New Haven Colony. Written records indicate that a house belonging to Ebenezer Clark of New Haven was on the site in 1725, although the house may have been built as early as 1684. When British troops landed at Savin Rock in July 1779, the house was already 50 years old. It has never been moved and was a residence continually until 1995.

Need for program: _____

The house is finally going through renovations! We are requesting funds to replace the HVAC system. The house is fragile and maintaining the air quality and temperature is imperative for the structure of the house and its' valuable historical contents. Failing to control environmental factors such as humidity, temperature, and mold can all lead to deterioration of collections. Sound energy improvement measures will also realize energy savings. We need to replace the current system according to the needs assessment conducted for the renovations.

Neighborhood area to be served: _____

The house is located in the center of West Haven, but all surrounding communities benefit.

Plan to implement the program: _____

The renovations started in June 2021, and we are excited that the foundation and drainage system has been completed! Once the roof is replaced, we will purchase the units then install in March of 2026.

Timetable:Program start date: 03-01-2026

MM - DD - YYYY

Program completion date: 06-30-2026

MM - DD - YYYY

Post-project audit due date: _____

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 \$24,500.00

Other funding sources - itemized sources:

a) _____

b) _____

c) _____

d) _____

Total Funding: \$24,500.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) GAS FIRED W/DX COOLING 1ST FLOOR \$6,500.00b) GAS FIRED W/DX COOLING 2ND FLOOR \$6,500.00c) DX COOLING CONDENSERS \$6,500.00d) DX CONTROLS, RELOCATE CONDENSERS, ATTIC FAH \$5,000.00

Administrative expenses - itemized description:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$24,500.00

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: _____

City of West Haven

Mailing address: _____

355 Main Street, 2nd Floor, West Haven, CT. 06516

Name of municipal liaison: Ronald C Dumas

Telephone number: (203) 937-3546

Fax number: (203) 937-4213

Email address: rdumas@westhaven-ct.gov

Post-Project Audit

Is a post-project audit required for this proposal?

Yes

☒ No

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

Date

Internal Revenue Service

Date: September 15, 2004

West Haven Child Development Center} Inc.
Grants Office City Hall
% Noble Community Center
201 Noble Sta
West Haven, CT 06516-6047

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact: S. Katherine
Converse 31-07823 Customer
Service Specialist Toll Free
Telephone Number:
8:00 a.m. to 6:30 p.m.
EST 877-829-5500 Fax
Number:
513-263-3756
Federal Identification Number:
06-0978738

Dear Sir or Madam:

This is in response to your request of September 15, 2004, regarding your organization's taxexempt status.

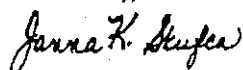
In July 1978 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501 (c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code,

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TEIGE
Customer Account Services

SSN: 061450014

Submission ID: 0653682024345ntrq7ju

Refund: 0

Status: Accepted

Status Date: 12/10/2024

Jurisdiction: Federal

Type: 990-N

Sub Type: Federal

Service Center: Unknown

ממלכת ישראל

Acceptance Code: Accepted

Debt Code:

PIN Indicator:

Payment Ack: ---

Birth Date Validity: ---

Number of Errors:

Error Rejected Codes:

Ack Status Date: 12/10/2024

Expected Refund:: 0

EIC Indicator:

State-Only Code:

State Packet:

Created

Transmitted to EFC

Accepted

12/10/202

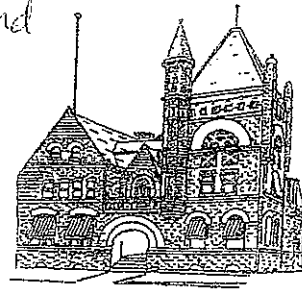
12/10/2021

12/10/2022



Dorinda Borer
Mayor

COMMUNICATION *from the April 28th agenda*
Office of the Mayor
City of West Haven
355 Main Street
West Haven, Connecticut 06516



City Hall
1896-1968

April 22, 2025

Chairman Nicholas Pascale
West Haven City Council
355 Main Street
West Haven, CT 06516

Re: An Ordinance Amending Chapter 178 of the Code of the City of West Haven: Posting of Bills

Dear Chairman Pascale:

This communication is to formally request that the City Council approve the attached amendment to Chapter 178 of the West Haven City Code: Posting of Bills.

Chapter 178 currently prohibits the placing of advisements, notices, pictures, playbills or lettering on telephone poles, trees, structures or grounds within the city limits, and provides a fine of \$50 for each offense.

The proposed amendment will provide a fine of \$200 for each posting that is commercial in nature, while maintaining the fine for non-commercial postings at \$50.

Thank you for your consideration of this amendment to the existing ordinance that will further enhance the quality of life for the citizens of West Haven and those who visit our beautiful city.

Dorinda Borer

Mayor

SUMMARY OF AN ORDINANCE
AMENDING THE CODE OF THE CITY OF WEST HAVEN
CHAPTER 178 POSTING OF BILLS

Chapter 178 prohibits the posting of bills on utility poles, trees, shrubs and rocks, or any other natural or artificial structure in any public way or grounds within the limits of the City of West Haven. The proposed amendment defines and distinguishes between commercial and non-commercial bills; prohibits the posting of commercial and non-commercial bills on utility poles and similar structures, and on public property; provides exceptions for non-commercial posts concerning missing persons or pets; provides exceptions for non-commercial free standing notices of tag sales and other neighborhood events with the permission of the Police Department; provides exceptions for educational, school-based, youth-based, nonprofit and religious programs, plays and activities with the permission of the Police Department; and provides fines of up to Fifty Dollars (\$50) for non-commercial violations, and up to Two-Hundred Dollars (\$200) for commercial violations.

AN ORDINANCE AMENDING THE CODE OF THE CITY OF WEST HAVEN
CHAPTER 178 POSTING OF BILLS

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF WEST HAVEN, Chapter 178 of the Code of the City of West Haven is hereby amended to read as follows:

Chapter 178

POSTING OF HANDBILLS

§ 178-1. Definitions.

For the purpose of this chapter, the words and phrases used herein shall have the following meanings unless otherwise clearly indicated by the context:

COMMERCIAL HANDBILL - Any printed or written matter, any sample or device, dodger, circular, leaflet, pamphlet, paper, booklet, or any other printed or otherwise reproduced original or copies of any matter of literature which:

- A. Advertises for sale any merchandise, product, commodity, or thing.
- B. Directs attention to any business or mercantile or commercial establishment, or other activity, for the purpose of either directly or indirectly promoting the interest thereof by sales.
- C. Directs attention to or advertises any meeting, exhibition, or event of any kind, regardless of whether a fee is charged for the purpose of private gain or profit.
- D. Contains reading material that is predominantly and essentially an advertisement, and is distributed or circulated for advertising purposes, or for the private benefit and gain of any person so engaged as advertiser or distributor.

NON-COMMERCIAL HANDBILL - any printed or written matter, any sample or device, dodger, circular, leaflet, pamphlet, newspaper, magazine, paper, booklet, or any other printed or otherwise reproduced original or copies of any matter of literature not included in the definitions of a "commercial handbill" or "newspaper" in this section.

§ 178-2. Posting of handbills.

Notwithstanding the provisions of CHAPTER 142 – LITTERING, and in addition to the regulations and prohibitions provided therein, no person shall affix or cause to be affixed a handbill to a telegraph, telephone, electric light, or other public utility pole, or any other public structure or to a tree, shrub, rock or other natural or artificial object in any public way or grounds, or visibly adjacent thereto, within the limits of the City of West Haven, except for the purpose of protecting it or the public, or to give notice of a missing person or domesticated animal or pet. A notice of tag sale or similar non-commercial event shall be permitted upon written approval from the Police Department, which such approval shall not be unreasonably withheld, provided that the notice is freestanding, shall not exceed three (3) square feet of area in size, and posted not prior to forty-eight (48) hours before the sale and removed within forty-eight (48) hours after the sale. Any educational or school-based program or activity, youth-based program or activity, nonprofit organization, or religious organization may, with the permission of the Police Department, which such permission shall not be unreasonably withheld, erect a freestanding sign on City owned property, or affix a non-permanent sign on City owned property, for the purpose of advertising a program or event, so long as such sign is not posted, erected or affixed more than one (1) calendar month prior to the program, activity or event and removed within seven (7) calendar days after the program, activity or event.

§ 178-3. Penalties for offenses of this chapter.

Any person who violates the provisions of this chapter shall be subject to a fine of not more than Fifty Dollars (\$50) for each offense involving the posting of a non-commercial bill, and a fine of Two-Hundred Dollars (\$200) for each offense involving the posting of a commercial bill.

§ 178-4. Enforcement.

The Police Department of the City of West Haven shall enforce the provisions of this chapter.

ENACTED BY THE CITY COUNCIL ON: _____

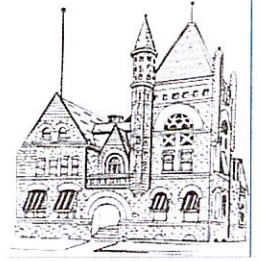
APPROVED BY THE MAYOR: _____

DATE: _____



COMMUNICATION *B*

City of West Haven
Police Department and
Department of Finance
355 Main Street
West Haven, CT 06516



June 17, 2025

Chairman Nicholas Pascale
West Haven City Council
West Haven City Hall
355 Main Street
West Haven, CT 06516

Re: Animal Control Donations

Dear Chairman Pascale,

The West Haven Police Department has received the following donations, totaling **\$401.40** for the Animal Shelter. Per Connecticut Statutes 7-148(c) (3) (A&B) and General Order 98-04, we are forwarding these donations for approval.

Should these donations be approved by the Council, they are to be deposited into the Animal Shelter Donation account number 10100000 – 28285.

<u>Name</u>	<u>Check Number</u>	<u>Amount</u>
1. Callahan	3157	\$50.00
2. Alfonsina Burke	1264	\$25.00
3. Susan Alonso	4566	\$30.00
4. Vaille Lachance	377	\$50.00
5. Debra A Johnson	2141	\$50.00
6. Frank R Milone	3062	\$50.00
7. Linda M. Bennis	5113	\$75.00
8. FronStream SPV LLC	3536098	\$71.40

D/C [Signature] #115

Carl Flemmig
Chief of Deputy
West Haven Police Department

[Signature]

Dao Le
Revenue Collector
Finance Department



COMMUNICATION 

Office of the Finance Director

City of West Haven
355 Main Street
West Haven, Connecticut 06516

Tuesday, June 17, 2025

Nichols A. Pascale
City Council Chairman
355 Main Street
West Haven, CT 06516

RE: Award of Delinquent Tax Lien Assignment (RFP #2025-73 Rebid)

Please consider the above-mentioned matter, to be added to the City Council agenda for the June 23, 2025, meeting. The City of West Haven solicited proposals from interested parties for the assignment of certain City's delinquent municipal tax and sewer liens pursuant to the provisions of the General Statutes of Connecticut §12-195h and in accordance with the terms of the advertised Request for Proposal. As of June 17, 2025, the amount of delinquent tax and sewer assignments is \$1,109,367.75.

The city received three proposals for RFP #2025-73(Rebid:

1. Tower Capital Management, \$1,245,796.25 (107.25%)
2. TLOA Service, LLC, \$1,190,671.97 (102.50%)
3. RTLf-CT II, LLC, \$1,220,990.54 (105.11%)

After careful review, by Procurement, Rachel A-Massih and I are recommending the RFP be awarded Tower Capital Management. In addition, as in past years, the proposal submitted by Tower Capital Management did not include homeowners servicing fees. In addition, Tower Capital Management submitted a higher percentage return, which is what the award is based on. Tower Capital Management approximate award for this RFP will be \$1,189,745.88 (which includes the premium amount of \$80,378.13).

Please let me know if you have any additional questions.

Sincerely,



Michael Gormany
Finance Director



Rachel A-Massih
Tax Manager

WEST HAVEN TAX LIENS BID # 2024-16
TALLY SHEET FROM 5/22/2024

FIRM NAME	BID	PER BIDS, PREMIUM %
TOWER CAPITAL MANAGEMENT	1245796.25	107.2454%
TLOA OF CT LLC	1190671.97	102.5%
RTLF-CT II, LLC	1220990.54	105.11%

Transmittal Letter

June 16, 2025

Kathy Chambers
Department of Finance
City of West Haven, CT
355 Main St
West Haven, CT 06516

RE: RFP #2025-73 (Re- Post) ASSIGNMENT OF DELINQUENT TAX AND SEWER LIENS

Dear M. Chambers:

FCR TL Trust on behalf of itself or one of its affiliates (collectively, the "Tower Purchaser") and Tower Capital Management, LLC ("Tower Capital") are pleased to submit this proposal to purchase selected tax liens from the City of West Haven (the "City")

The following terms and conditions would form the basis of a definitive Purchase and Sale Agreement (the "Purchase and Sale Agreement") to be negotiated by (and mutually acceptable to) Tower Purchaser and the City.

I. Price of Delinquent Tax Liens:

Pursuant to and in accordance with the Request for Proposals, the Tower Purchaser is pleased to offer the following bids:

Bid A: For the Real Property Liens (City and Dist) and the Utility Liens (Liens total) listed on Schedule A Updated 6/4/2025 and annexed hereto, with a total redemptive value through June 30, 2025 of \$1,161,631.19, Tower Purchaser bids One Million, Two Hundred Forty Five Thousand, Seven Hundred Ninety Six Dollars and Twenty Five Cents., \$1,245,796.25 or 107.2454% in aggregate as detailed as per Section 3 in the RFP in the excel spreadsheet, labeled Schedule A, subject to prior payments.

II. Purchase Price of Future Tax Liens: Tower Purchaser would have the option to purchase, in its sole discretion, and the City would have the right to offer all delinquent taxes for the first future tax year at 102% of the total amount due of the new liens it deemed eligible for the first year thereafter, and at 100% of the total amount due of the new liens it deemed eligible for each year thereafter.

III. Terms and Conditions:



TLOA of CT, LLC
c/o TLOA Servicing, LLC
11 Talcott Notch Rd
2nd Floor
Farmington, CT 06032

June 12, 2025

City of West Haven
Procurement Department
Attn: Kathy Chambers, Sr. Buyer, Procurement Analyst
355 Main St., 3rd Fl.
West Haven, CT 06516

Via Federal Express Overnight Delivery

**RE: RFP #2025-73 Repost Response to Request for Proposals for the Purchase of Delinquent
Municipal Tax and Sewer Use Liens**

Dear Kathy,

TLOA of CT, LLC ("Purchaser") is pleased to submit the following proposal for the purchase of tax liens in accordance with the above referenced RFP from the City of West Haven (the "City" or "Seller").

BID PROPOSAL:

1. TLOA OF CT, LLC offers to pay **\$1,190,671.97** or **102.5%** of the redemptive value for the entire pool of liens as referenced in the attached schedule (ATTACHMENT A).

2. MUNICIPAL SERVICING

To: Kathy Chambers, Sr. Buyer, Procurement Analyst for the City of West Haven
355 Main St., 3rd Floor
West Haven, CT 06516

This proposal is being submitted in accordance with the request identified as BID #2025-73 for the assignment of delinquent municipal tax and sewer liens. It has been prepared in the manner prescribed and RTLF-CT II, LLC accepts all terms and conditions contained in the Request For Proposal.

The proposed assignee, RTLF-CT II, LLC, is a Connecticut entity that functions as a state-specific subsidiary of a national delinquent tax acquisition company. The sister company of the proposed assignee, RTLF-CT, LLC, was the winning bidder of the 2019, 2020, 2021, and 2023 West Haven Delinquent Tax Sales and has also purchased subsequent taxes in all five years since its first initial award.

RTLF-CT II, LLC will **NOT** charge delinquent property owners any additional collection costs if awarded the 2025 Assignment. It will collect at its own expense. The company will maintain an office at 257 Main St, Suite 101, Torrington, CT 06790 to comply with the requirement to maintain an administrative office within the state of Connecticut.

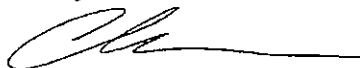
As in past years, RTLF-CT II, LLC will work with TaxServ Capital Services to provide ancillary support for the administration, servicing and collection of delinquent municipal liens at **NO** additional expense to the taxpayers. Both RTLF-CT II, LLC (License CCA-2571098) and TaxServ (License CCA-947835) are Connecticut licensed consumer collection agencies and are known entities to the City. Either entity is individually capable of maintaining full comprehensive responsibility for the collection and administration of tax liens. The business relationship between the two serves merely as an enhancement to the scope of administration available for the servicing of West Haven municipal liens.

RTLF-CT II, LLC is co-managed by Chris Gleason and Scott Colon. For questions:

Chris Gleason, Manager 4450 Cedarglen Ct. Moorpark, CA 93021 Ph: (833) 726-8378 x821 chris@ramfinancialgro.com	Scott Colon, Manager 111 Timberview Dr. Swannanoa, NC 28778 Ph: (833) 726-8378 x700 scott@ramfinancialgro.com
--	---

RTLF-CT II, LLC does hereby propose to purchase and take assignment of the delinquent taxes for an amount equal to one hundred percent (100%) of the total due according to the enclosed Lien Assignment Repost File showing a balance of \$1,161,631.19, PLUS a five and eleven one hundredths of one percent (5.11%) premium that amounts to \$59,359.35. Our total bid amount is \$1,220,990.54.

Kind regards,



Chris Gleason, Manager
RAM Financial Group

Bill #	Tax Due	INT Due	Lien Due	Fee Due	Total Due	Prop Loc/Vehicle Info	Unique-ID	Address
2023-01-0000076	4,687.03	421.83	24	0	5,132.86	P: 191 LAMSON ST	76	191 LAMSON ST/WEST HAVEN/CT/6516/0
2023-06-0000076	732	65.88	24	0	821.88	P: 191 LAMSON ST	76	191 LAMSON ST/WEST HAVEN/CT/6516/0
2023-01-0000308	3,286.03	295.74	24	0	3,605.77	P: 174 PARK TER AVE	308	690 JONES HILL RD # 10/WEST HAVEN/CT/6516/0
2023-06-0000308	488	65.88	24	0	577.88	P: 174 PARK TER AVE	308	690 JONES HILL RD # 10/WEST HAVEN/CT/6516/0
2023-01-0000363	2,525.93	227.33	24	0	2,777.26	P: 139 SOUTH ST	363	139 SOUTH ST/WEST HAVEN/CT/6516/0
2023-06-0000363	244	21.96	24	0	289.96	P: 139 SOUTH ST	363	139 SOUTH ST/WEST HAVEN/CT/6516/0
2023-01-0000506	3,447.37	103.42	0	0	3,550.79	P: 13 APRIL ST	506	13 APRIL ST/WEST HAVEN/CT/6516/0
2023-01-0000621	3,075.44	276.79	24	0	3,376.23	P: 104 KELSEY AVE	621	0104 KELSEY AVE/WEST HAVEN/CT/6516/0
2023-06-0000621	244	21.96	24	0	289.96	P: 104 KELSEY AVE	621	0104 KELSEY AVE/WEST HAVEN/CT/6516/0
2023-01-0000739	3,104.23	279.38	24	0	3,407.61	P: 119 NORFOLK ST	739	775 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-06-0000739	244	21.96	24	0	289.96	P: 119 NORFOLK ST	739	775 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-06-0000826	488	65.88	24	0	577.88	P: 48 JONES ST	826	48 JONES ST/WEST HAVEN/CT/6516/0
2023-01-0001085	3,435.46	309.19	24	0	3,768.65	P: 116C MAIN ST	1085	404 HILL ST/HAMDEN/CT/6514/0
2023-01-0001202	3,265.65	293.91	24	0	3,583.56	P: 32 EILEEN RD	1202	32 EILEEN RD/WEST HAVEN/CT/6516/0
2023-06-0001202	244	21.96	24	0	289.96	P: 32 EILEEN RD	1202	32 EILEEN RD/WEST HAVEN/CT/6516/0
2023-01-0001209	5,488.58	740.96	24	0	6,253.54	P: 99 GRETA ST	1209	PO BOX 512/STAMFORD/CT/6901/0
2023-06-0001209	488	65.88	24	0	577.88	P: 99 GRETA ST	1209	PO BOX 512/STAMFORD/CT/6901/0
2023-01-0001267	6,957.62	939.28	24	0	7,920.90	P: 450 WASHINGTON AVE	1267	450 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-06-0001267	976	131.76	24	0	1,131.76	P: 450 WASHINGTON AV	1267	450 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-01-0001307	7,986.31	718.77	24	0	8,729.08	P: 805 CAMPBELL AVE	1307	805 CAMPBELL AV/WEST HAVEN/CT/6516/0
2023-06-0001307	244	21.96	24	0	289.96	P: 805 CAMPBELL AV	1307	805 CAMPBELL AV/WEST HAVEN/CT/6516/0
2023-01-0001396	5,923.52	649.68	24	0	6,597.20	P: 81 FAIRFAX ST	1396	81 FAIRFAX ST/WEST HAVEN/CT/6516/0
2023-06-0001396	420.56	6.31	0	0	426.87	P: 81 FAIRFAX ST	1396	81 FAIRFAX ST/WEST HAVEN/CT/6516/0
2023-01-0001493	2,551.39	229.63	24	0	2,805.02	P: 202 WOOD ST	1493	442 UNION AVE/WEST HAVEN/CT/6516/0
2023-06-0001493	488	43.92	24	0	555.92	P: 202 WOOD ST	1493	442 UNION AVE/WEST HAVEN/CT/6516/0
2023-01-0001640	4,369.47	393.25	0	0	4,762.72	P: 100 FOURTH AVE	1640	216 BUCKINGHAM AVE/MILFORD/CT/6460/0
2023-06-0001640	732	65.88	0	0	797.88	P: 100 FOURTH AVE	1640	216 BUCKINGHAM AVE/MILFORD/CT/6460/0
2023-01-0001717	6,259.57	563.36	24	0	6,846.93	P: 114 CAMPBELL AVE	1717	114 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-06-0001717	4,392.00	592.92	24	0	5,008.92	P: 114 CAMPBELL AV	1717	114 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-01-0002016	10,589.92	953.1	24	0	11,567.02	P: 819 ORANGE AVE	2016	97-77 QUEEN BLVD STE 620/REGO PARK/NY/11374/0
2023-06-0002016	244	21.96	24	0	289.96	P: 819 ORANGE AVE	2016	97-77 QUEEN BLVD STE 620/REGO PARK/NY/11374/0
2023-01-0002026	4,554.60	614.88	24	0	5,193.48	P: 269 CAPT THOMAS BLVD #08	2026	269 CAPT THOMAS BLVD #08/WEST HAVEN/CT/6516/0
2023-06-0002026	488	65.88	24	0	577.88	P: 269 CAPT THOMAS BLVD #08	2026	269 CAPT THOMAS BLVD #08/WEST HAVEN/CT/6516/0
2023-01-0002166	11,274.06	1,522.00	24	0	12,820.06	P: 59 HOLCOMB ST	2166	300 FRONT AVE/WEST HAVEN/CT/6516/0
2023-06-0002166	488	65.88	24	0	577.88	P: 59 HOLCOMB ST	2166	300 FRONT AVE/WEST HAVEN/CT/6516/0
2023-01-0002211	3,000.00	135	24	0	3,159.00	P: 441 DERBY AVE	2211	441 DERBY AVE/WEST HAVEN/CT/6516/0
2023-06-0002302	3,121.00	280.89	24	0	3,425.89	P: 27 ROBERT ST	2302	0027 ROBERT ST/WEST HAVEN/CT/6516/0
2023-01-0002302	244	21.96	24	0	289.96	P: 27 ROBERT ST	2302	0027 ROBERT ST/WEST HAVEN/CT/6516/0
2023-01-0002467	1,148.17	103.34	24	0	1,275.51	P: 60 PLAINFIELD AVE #17	2467	60 PLAINFIELD AVE #17/WEST HAVEN/CT/6516/0
2023-06-0002467	488	65.88	24	0	577.88	P: 60 PLAINFIELD AVE #17	2467	60 PLAINFIELD AVE #17/WEST HAVEN/CT/6516/0

2023-06-0002563	488	65.88	24	0	577.88 P : 106 HINMAN ST	2563 459 MAIN ST/EAST HAVEN/CT/6512/0
2023-01-0002635	10,233.36	1,381.50	24	0	11,638.86 P : 23 COTTAGE ST	2635 23 COTTAGE ST/WEST HAVEN/CT/6516/0
2023-06-0002635	976	131.76	24	0	1,131.76 P : 23 COTTAGE ST	2635 23 COTTAGE ST/WEST HAVEN/CT/6516/0
2023-01-0002662	4,452.69	66.79	0	0	4,519.48 P : 61 WESTFIELD ST	2662 61 WESTFIELD ST/WEST HAVEN/CT/6516/0
2023-01-0002725	3,537.63	53.06	0	0	3,590.69 P : 56 ARDALE ST	2725 56 ARDALE ST/WEST HAVEN/CT/6516/0
2023-01-0002792	107.13	0	0	0	107.13 P : 44 W CLARK ST	2792 44 W CLARK ST/WEST HAVEN/CT/6516/0
2023-01-0002848	789.67	71.07	24	0	884.74 P : 79 CLAUDIA DR #149	2848 79 CLAUDIA DR #149/WEST HAVEN/CT/6516/0
2023-06-0002848	244	21.96	24	0	289.96 P : 79 CLAUDIA DR #149	2848 79 CLAUDIA DR #149/WEST HAVEN/CT/6516/0
2023-01-0002868	9,469.16	1,278.35	24	20	10,791.51 P : 358 ELM ST	2868 358 ELM ST/WEST HAVEN/CT/6516/0
2023-06-0002868	505.86	45.53	24	0	575.39 P : 358 ELM ST	2868 358 ELM ST/WEST HAVEN/CT/6516/0
2023-01-0002924	2,084.26	62.53	0	0	2,146.79 P : 14 PROSPECT AVE	2924 14 PROSPECT AVE/WEST HAVEN/CT/6516/0
2022-01-0002967	3,652.95	547.95	0	0	4,200.90 P : 8 NORWALK ST	2967 819 HILLCREST RD/ORANGE/CT/6477/0
2023-01-0002967	5,246.36	708.26	24	0	5,978.62 P : 8 NORWALK ST	2967 819 HILLCREST RD/ORANGE/CT/6477/0
2023-06-0002967	488	65.88	24	0	577.88 P : 8 NORWALK ST	2967 819 HILLCREST RD/ORANGE/CT/6477/0
2023-01-0003005	986.66	88.8	24	0	1,099.46 P : 809 CAMPBELL AVE	3005 809 CAMPBELL AV/WEST HAVEN/CT/6516/0
2022-01-0003742	4,048.76	1,275.36	24	0	5,348.12 P : 107 DAVID ST	3742 107 DAVID ST/WESTHAVEN/CT/6516/0
2022-06-0003742	470	148.05	24	0	642.05 P : 107 DAVID ST	3742 107 DAVID ST/WESTHAVEN/CT/6516/0
2023-01-0003742	4,176.98	563.89	24	0	4,764.87 P : 107 DAVID ST	3742 107 DAVID ST/WESTHAVEN/CT/6516/0
2023-06-0003742	488	65.88	24	0	577.88 P : 107 DAVID ST	3742 107 DAVID ST/WESTHAVEN/CT/6516/0
2023-01-0003822	1,887.95	56.64	0	0	1,944.59 P : 657 THIRD AVE	3822 657 THIRD AVE/WEST HAVEN/CT/6516/0
2023-06-0003822	488	65.88	24	0	577.88 P : 657 THIRD AVE	3822 657 THIRD AVE/WEST HAVEN/CT/6516/0
2023-01-0003943	635.13	57.16	24	0	716.29 P : 19 OLIVER LA	3943 23 OLIVER LA/WEST HAVEN/CT/6516/0
2023-01-0003944	2,180.50	196.24	24	0	2,400.74 P : 23 OLIVER LA	3944 23 OLIVER LA/WEST HAVEN/CT/6516/0
2023-06-0003944	488	65.88	24	0	577.88 P : 23 OLIVER LA	3944 23 OLIVER LA/WEST HAVEN/CT/6516/0
2023-01-0003977	3,025.99	272.34	24	0	3,322.33 P : 102 MOHAWK DR	3977 102 MOHAWK DR/WEST HAVEN/CT/6516/0
2023-06-0003977	244	21.96	24	0	289.96 P : 102 MOHAWK DR	3977 102 MOHAWK DR/WEST HAVEN/CT/6516/0
2023-01-0004013	236.39	21.27	24	0	281.66 P : 1 VERNON ST	4013 1 VERNON ST/WEST HAVEN/CT/6516/0
2023-06-0004013	244	21.96	24	0	289.96 P : 1 VERNON ST	4013 1 VERNON ST/WEST HAVEN/CT/6516/0
2023-01-0004094	2,683.16	241.49	24	0	2,948.65 P : 93 SPRING ST	4094 93 SPRING ST/WEST HAVEN/CT/6516/0
2023-06-0004094	488	43.92	24	0	555.92 P : 93 SPRING ST	4094 93 SPRING ST/WEST HAVEN/CT/6516/0
2023-01-0004167	1,762.74	158.64	24	0	1,945.38 P : 282 WEST WALK	4167 282 WEST WALK/WEST HAVEN/CT/6516/0
2023-06-0004167	244	21.96	24	0	289.96 P : 282 WEST WALK	4167 282 WEST WALK/WEST HAVEN/CT/6516/0
2023-01-0004382	666.12	59.95	24	0	750.07 P : 1107 ORANGE AVE	4382 20 OLD WOODS RD/WALLINGFORD/CT/6492/0
2023-01-0004417	3,488.96	314	24	0	3,826.96 P : 68 HOLCOMB ST	4417 68 HOLCOMB ST/WESTHAVEN/CT/6516/0
2023-06-0004417	244	21.96	24	0	289.96 P : 68 HOLCOMB ST	4417 68 HOLCOMB ST/WESTHAVEN/CT/6516/0
2023-01-0004458	1,601.82	144.17	24	0	1,769.99 P : 118 ARLINGTON ST	4458 118 ARLINGTON ST/WEST HAVEN/CT/6516/0
2023-06-0004458	244	21.96	24	0	289.96 P : 118 ARLINGTON ST	4458 118 ARLINGTON ST/WEST HAVEN/CT/6516/0
2023-01-0004593	6,402.22	864.3	24	0	7,290.52 P : 146 COLEMAN ST	4593 0146 COLEMAN ST/WEST HAVEN/CT/6516/0
2023-06-0004593	488	65.88	24	0	577.88 P : 146 COLEMAN ST	4593 0146 COLEMAN ST/WEST HAVEN/CT/6516/0
2022-01-0004814	5,191.95	1,168.20	24	0	6,384.15 P : 83 CANTON ST	4814 0083 CANTON ST/WEST HAVEN/CT/6516/0
2022-06-0004814	243.35	51.1	0	0	294.45 P : 83 CANTON ST	4814 0083 CANTON ST/WEST HAVEN/CT/6516/0

2023-01-0004814	5,363.68	724.1	24	0	6,111.78 P : 83 CANTON ST	4814 0083 CANTON ST/WEST HAVEN/CT/6516/0
2023-06-0004814	488	65.88	24	0	577.88 P : 83 CANTON ST	4814 0083 CANTON ST/WEST HAVEN/CT/6516/0
2022-06-0004832	27.52	5.78	0	0	33.3 P : 155 OCEAN AVE	4832 155 OCEAN AVE/WEST HAVEN/CT/6516/0
2023-06-0004832	488	65.88	24	0	577.88 P : 155 OCEAN AVE	4832 155 OCEAN AVE/WEST HAVEN/CT/6516/0
2023-01-0004869	8,792.58	791.33	24	0	9,607.91 P : 19 MAPLE RD	4869 40 SALT ACRES RD/SOUTHINGTON/CT/6378/0
2023-06-0004869	488	43.92	24	0	555.92 P : 19 MAPLE RD	4869 40 SALT ACRES RD/SOUTHINGTON/CT/6378/0
2023-01-0005163	4,265.70	127.97	0	0	4,393.67 P : 87 FENWICK ST	5163 87 FENWICK ST/WEST HAVEN/CT/6516/0
2023-01-0005225	5,095.52	687.9	24	0	5,807.42 P : 86 TETLOW ST	5225 86 TETLOW ST/WEST HAVEN/CT/6516/0
2023-06-0005225	488	65.88	24	0	577.88 P : 86 TETLOW ST	5225 86 TETLOW ST/WEST HAVEN/CT/6516/0
2023-01-0005277	3,435.46	309.19	24	0	3,768.65 P : 128D MAIN ST	5277 404 HILL ST/HAMDEN/CT/6514/0
2023-01-0005336	4,539.37	68.08	0	0	4,607.45 P : 49 ORNE ST	5336 49 ORNE ST/WEST HAVEN/CT/6516/0
2023-01-0005447	560.4	75.65	24	0	660.05 P : 630 CAMPBELL AVE	5447 636 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-01-0005721	2,345.22	211.06	24	0	2,580.28 P : 28 WARD PL	5721 457 MAIN ST/EAST HAVEN/CT/6512/0
2023-06-0005721	244	21.96	24	0	289.96 P : 28 WARD PL	5721 457 MAIN ST/EAST HAVEN/CT/6512/0
2023-01-0005824	10,243.96	1,341.04	24	0	11,609.00 P : 703 ORANGE AVE	5824 703 ORANGE AVE/WEST HAVEN/CT/6516/0
2023-06-0005824	488	65.88	24	0	577.88 P : 703 ORANGE AVE	5824 703 ORANGE AVE/WEST HAVEN/CT/6516/0
2023-01-0005825	2,341.82	210.76	24	0	2,576.58 P : 122 WEST WALK	5825 122 WEST WALK/WEST HAVEN/CT/6516/0
2023-06-0005825	244	21.96	24	0	289.96 P : 122 WEST WALK	5825 122 WEST WALK/WEST HAVEN/CT/6516/0
2023-01-0005836	7,207.18	972.98	24	0	8,204.16 P : 133 CHURCH ST	5836 133 CHURCH ST/WEST HAVEN/CT/6516/0
2023-06-0005836	488	65.88	24	0	577.88 P : 133 CHURCH ST	5836 133 CHURCH ST/WEST HAVEN/CT/6516/0
2023-01-0005859	2,393.84	107.72	24	0	2,525.56 P : 602 SAVIN AVE	5859 602 SAVIN AV/WEST HAVEN/CT/6516/0
2023-01-0005976	1,810.30	244.39	24	0	2,078.69 P : 79 CLAUDIA DR #445	5976 79 CLAUDIA DR #445/WEST HAVEN/CT/6516/0
2023-06-0005976	488	65.88	24	0	577.88 P : 79 CLAUDIA DR #445	5976 79 CLAUDIA DR #445/WEST HAVEN/CT/6516/0
2023-01-0006402	9,757.87	878.2	24	0	10,660.07 P : 485 SECOND AVE	6402 375 MORGAN LA #107/WEST HAVEN/CT/6516/0
2023-01-0006403	3,435.46	309.19	24	0	3,768.65 P : 116E MAIN ST	6403 404 HILL ST/HAMDEN/CT/6514/0
2023-01-0006581	10,039.77	903.58	24	0	10,967.35 P : 269 UNION AVE	6581 33 DIXWELL AVE SUITE 321/NEW HAVEN/CT/6511/0
2023-06-0006581	244	21.96	24	0	289.96 P : 269 UNION AVE	6581 33 DIXWELL AVE SUITE 321/NEW HAVEN/CT/6511/0
2023-01-0006667	8,198.92	1,106.85	24	0	9,329.77 P : 295 MAIN ST	6667 295 MAIN ST/WEST HAVEN/CT/6516/0
2023-06-0006667	488	65.88	24	0	577.88 P : 295 MAIN ST	6667 295 MAIN ST/WEST HAVEN/CT/6516/0
2023-01-0006748	69,214.94	9,344.01	24	0	78,582.95 P : 855 ORANGE AVE	6748 252 DEPOT RD UNIT H/MILFORD/CT/6460/0
2023-06-0006748	488	65.88	24	0	577.88 P : 855 ORANGE AVE	6748 252 DEPOT RD UNIT H/MILFORD/CT/6460/0
2023-01-0006762	3,614.46	327.28	24	0	3,965.74 P : 12 ASHVILLE ST	6762 0012 ASHVILLE ST/WEST HAVEN/CT/6516/0
2023-01-0006850	2,282.76	34.24	0	0	2,317.00 P : 393 CENTER ST	6850 393 CENTER ST/WEST HAVEN/CT/6516/0
2023-01-0006976	5,128.58	692.36	24	0	5,844.94 P : 55 ELM ST	6976 55 ELM ST/WEST HAVEN/CT/6516/0
2023-06-0006976	488	65.88	24	0	577.88 P : 55 ELM ST	6976 55 ELM ST/WEST HAVEN/CT/6516/0
2023-01-0006996	2,926.66	99.6	0	0	3,026.26 P : 272 JONES HILL RD	6996 272 JONES HILL RD/WEST HAVEN/CT/6516/0
2023-01-0007001	5,556.52	500.09	24	0	6,080.61 P : 635 SECOND AVE	7001 21 NEW BRITAIN AVE/ROCKY HILL/CT/6067/0
2023-06-0007001	1,464.00	131.76	24	0	1,619.76 P : 635 SECOND AVE	7001 21 NEW BRITAIN AVE/ROCKY HILL/CT/6067/0
2023-01-0007112	4,740.16	639.92	24	0	5,404.08 P : 23 WALTER ST	7112 6 GOLDEN HILL STREET/MILFORD/CT/6460/0
2023-01-0007144	13,592.40	1,834.97	24	0	15,451.37 P : 141 CAPT THOMAS BLVD	7144 18 PECK ST/NORTH HAVEN/CT/6473/0
2023-06-0007144	976	131.76	24	0	1,131.76 P : 141 CAPT THOMAS BLVD	7144 18 PECK ST/NORTH HAVEN/CT/6473/0

2023-01-0007152	10,868.48	1,467.25	24	0	12,359.73 P : 70 CHESTNUT ST	7152 70 CHESTNUT ST/WEST HAVEN/CT/6516/0
2023-06-0007152	488	65.88	24	0	577.88 P : 70 CHESTNUT ST	7152 70 CHESTNUT ST/WEST HAVEN/CT/6516/0
2023-01-0007209	6,864.14	926.66	24	0	7,814.80 P : 192 PARK ST	7209 459 MAIN ST/EAST HAVEN/CT/6512/0
2023-06-0007209	976	131.76	24	0	1,131.76 P : 192 PARK ST	7209 459 MAIN ST/EAST HAVEN/CT/6512/0
2023-06-0007229	732	65.88	24	0	821.88 P : 36 PECK AV	7229 579 N BARRY AVE/MAMARONECK/NY/10543/0
2023-01-0007232	5,510.66	495.96	24	0	6,030.62 P : 27 KIMBERLY AVE	7232 PO BOX 4359/GREAT NECK/MI/11023/0
2023-06-0007232	244	21.96	24	0	289.96 P : 27 KIMBERLY AV	7232 PO BOX 4359/GREAT NECK/MI/11023/0
2023-01-0007301	4,848.14	436.33	24	0	5,308.47 P : 48 PAULINE AVE	7301 48 PAULINE AVE/WEST HAVEN/CT/6516/0
2023-06-0007301	488	65.88	24	0	577.88 P : 48 PAULINE AVE	7301 48 PAULINE AVE/WEST HAVEN/CT/6516/0
2023-01-0007313	26,421.28	3,458.80	24	0	29,904.08 P : 636 CAMPBELL AVE	7313 521 BOSTON POST RD/ORANGE/CT/6477/0
2023-06-0007313	488	65.88	24	0	577.88 P : 636 CAMPBELL AV	7313 521 BOSTON POST RD/ORANGE/CT/6477/0
2023-01-0007362	533.96	24.03	24	0	581.99 P : 73 LEETE ST	7362 73 LEETE ST/WEST HAVEN/CT/6516/0
2023-01-0007371	4,335.60	390.2	24	0	4,749.80 P : 132 PARK ST	7371 80 COUNTRY HILL LA/MILFORD/CT/6461/0
2023-06-0007371	26.5	0.4	0	0	26.9 P : 132 PARK ST	7371 80 COUNTRY HILL LA/MILFORD/CT/6460/0
2023-01-0007376	6,908.12	932.59	24	0	7,864.71 P : 23 SARAH CT	7376 23 SARAH CT/WEST HAVEN/CT/6516/0
2023-06-0007376	488	65.88	24	0	577.88 P : 23 SARAH CT	7376 23 SARAH CT/WEST HAVEN/CT/6516/0
2023-06-0007555	488	65.88	24	0	577.88 P : 14 THILL ST	7555 173 FOXBRIDGE VILLAGE RD/BRANFORD/CT/6405/0
2023-06-0007613	488	65.88	24	0	577.88 P : 46 JOSEPHINE AVE	7613 46 JOSEPHINE AVE/WEST HAVEN/CT/6516/0
2023-01-0007615	3,729.25	335.63	24	0	4,088.88 P : 471 SECOND AVE	7615 375 MORGAN LA #107/WEST HAVEN/CT/6516/0
2023-01-0007775	2,953.18	265.79	24	0	3,242.97 P : 87 THIRD AVE EXT	7775 87 THIRD AVE EXT/WEST HAVEN/CT/6516/0
2023-06-0007775	244	21.96	24	0	289.96 P : 87 THIRD AVE EXT	7775 87 THIRD AVE EXT/WEST HAVEN/CT/6516/0
2023-01-0007787	2,511.64	226.04	24	0	2,761.68 P : 80 FRONT AVE	7787 80 FRONT AVE/WEST HAVEN/CT/6516/0
2023-06-0007787	244	21.96	24	0	289.96 P : 80 FRONT AV	7787 80 FRONT AVE/WEST HAVEN/CT/6516/0
2023-01-0007800	3,729.25	335.63	24	0	4,088.88 P : 487 SECOND AVE	7800 404 HILL ST/HAMDEN/CT/6514/0
2023-01-0007871	1,321.20	118.91	24	0	1,464.11 P : 285 SAVIN AV C-5	7871 149 JAMES ST/FAIRFIELD/CT/6824/0
2023-06-0007871	244	21.96	24	0	289.96 P : 285 SAVIN AV C-5	7871 149 JAMES ST/FAIRFIELD/CT/6824/0
2023-01-0007931	2,954.88	265.94	24	0	3,244.82 P : 359 THIRD AVE	7931 359 THIRD AVE/WEST HAVEN/CT/6516/0
2023-06-0007931	244	21.96	24	0	289.96 P : 359 THIRD AVE	7931 359 THIRD AVE/WEST HAVEN/CT/6516/0
2023-01-0007996	19,704.82	1,773.44	24	0	21,502.26 P : 978 ORANGE AVE	7996 120 VIADUCT RD/STAMFORD/CT/6907/0
2023-06-0007996	488	43.92	24	0	555.92 P : 978 ORANGE AVE	7996 120 VIADUCT RD/STAMFORD/CT/6907/0
2023-01-0008066	513.62	46.22	24	0	583.84 P : 139 DOGBURN RD	8066 139 DOGBURN RD/WEST HAVEN/CT/6516/0
2023-01-0008080	2,802.52	252.23	24	0	3,078.75 P : 99 PAINTER AVE	8080 0099 PAINTER AVE/WEST HAVEN/CT/6516/0
2023-06-0008080	488	65.88	24	0	577.88 P : 99 PAINTER AVE	8080 0099 PAINTER AVE/WEST HAVEN/CT/6516/0
2023-01-0008198	5,530.44	746.61	24	0	6,301.05 P : 47 ARLINGTON ST	8198 47 ARLINGTON ST/WEST HAVEN/CT/6516/0
2023-06-0008198	488	65.88	24	0	577.88 P : 47 ARLINGTON ST	8198 47 ARLINGTON ST/WEST HAVEN/CT/6516/0
2023-01-0008239	1,756.00	158.04	24	0	1,938.04 P : 60 LAMBERT ST	8239 41 MAPLEVALE RD/EAST HAVEN/CT/6512/0
2023-06-0008239	244	21.96	24	0	289.96 P : 60 LAMBERT ST	8239 41 MAPLEVALE RD/EAST HAVEN/CT/6512/0
2023-01-0008282	2,839.41	255.55	24	0	3,118.96 P : 32 ARDELL ST	8282 32 ARDELL ST/WEST HAVEN/CT/6516/0
2023-01-0008403	1,318.80	118.7	24	0	1,461.50 P : 538 DERBY AVE	8403 2138 SILAS DEANE HIGHWAY/ROCKY HILL/CT/6067/0
2023-01-0008433	306.64	9.19	0	0	315.83 P : 713 SECOND AVE	8433 713 SECOND AVE/WEST HAVEN/CT/6516/0
2023-01-0008470	19,198.64	2,591.82	24	0	21,814.46 P : 1131 ORANGE AVE	8470 P O BOX 26063/WEST HAVEN/CT/6516/0

2023-06-0008470	488	65.88	24	0	577.88 P : 1131 ORANGE AVE	8470 P O BOX 26063 WEST HAVEN/CT/6516/0
2023-01-0008496	5,302.76	715.87	24	0	6,042.63 P : 67 PUTNEY DR	8496 67 PUTNEY DR WEST HAVEN/CT/6516/0
2023-06-0008496	488	65.88	24	0	577.88 P : 67 PUTNEY DR	8496 67 PUTNEY DR WEST HAVEN/CT/6516/0
2023-01-0008648	5,764.08	0	0	0	5,764.08 P : 230 WILLIAM ST	8648 230 WILLIAM ST WEST HAVEN/CT/6516/0
2023-01-0008850	9,265.76	1,250.88	24	0	10,540.64 P : 7 EVERETT ST	8850 PO BOX 590 ORANGE/CT/6477/0
2023-06-0008850	488	65.88	24	0	577.88 P : 7 EVERETT ST	8850 PO BOX 590 ORANGE/CT/6477/0
2023-01-0008856	3,833.32	72.12	0	0	3,905.44 P : 116 PEABODY ST	8856 116 PEABODY ST WEST HAVEN/CT/6516/0
2023-01-0008873	5,963.42	805.07	24	0	6,792.49 P : 34 ARLINGTON ST	8873 34 ARLINGTON ST WEST HAVEN/CT/6516/0
2023-06-0008873	488	65.88	24	0	577.88 P : 34 ARLINGTON ST	8873 34 ARLINGTON ST WEST HAVEN/CT/6516/0
2023-01-0008948	3,922.24	117.67	0	0	4,039.91 P : 473 SAWMILL RD	8948 473 SAWMILL RD WEST HAVEN/CT/6516/0
2023-01-0008997	66,620.88	8,993.82	24	0	75,638.70 P : 560 SAWMILL RD	8997 560 SAWMILL RD WEST HAVEN/CT/6516/0
2023-06-0008997	488	65.88	24	0	577.88 P : 560 SAWMILL RD	8997 560 SAWMILL RD WEST HAVEN/CT/6516/0
2023-06-0009089	488	65.88	24	0	577.88 P : 163 LAUREL ST	9069 163 LAUREL ST WEST HAVEN/CT/6516/0
2023-06-0009107	488	43.92	24	0	555.92 P : 114 HIGHLAND ST	9107 114 HIGHLAND ST WEST HAVEN/CT/6516/0
2023-06-0009264	488	65.88	24	0	577.88 P : 41 SORENSEN RD	9264 41 SORENSEN RD WEST HAVEN/CT/6516/0
2023-06-0009671	488	65.88	24	0	577.88 P : 120 MILTON AVE	9671 120 MILTON AVE WEST HAVEN/CT/6516/0
2023-06-0009673	488	65.88	24	0	577.88 P : 116 MILTON AVE	9673 116 MILTON AVE WEST HAVEN/CT/6516/0
2023-06-0009708	488	65.88	24	0	577.88 P : 140 RICHARDS ST	9708 140 RICHARDS ST WEST HAVEN/CT/6516/0
2023-01-0009715	1,596.32	215.49	24	0	1,835.81 P : 79 CLAUDIA DR #248	9715 79 CLAUDIA DR #248 WEST HAVEN/CT/6516/0
2023-06-0009715	488	65.88	24	0	577.88 P : 79 CLAUDIA DR #248	9715 79 CLAUDIA DR #248 WEST HAVEN/CT/6516/0
2023-01-0009717	1,579.34	213.21	24	0	1,816.55 P : 79 CLAUDIA DR #253	9715 79 CLAUDIA DR #248 WEST HAVEN/CT/6516/0
2023-06-0009717	488	65.88	24	0	577.88 P : 79 CLAUDIA DR #253	9717 79 CLAUDIA DR #253 WEST HAVEN/CT/6516/0
2023-01-0009732	789.67	71.07	24	0	884.74 P : 80 CLAUDIA DR #265	9717 79 CLAUDIA DR #253 WEST HAVEN/CT/6516/0
2023-06-0009732	488	65.88	24	0	577.88 P : 80 CLAUDIA DR #265	9732 315 PECK ST NEW HAVEN/CT/6513/0
2023-01-0009740	432.39	19.46	24	0	475.85 P : 80 CLAUDIA DR #371	9732 315 PECK ST NEW HAVEN/CT/6513/0
2023-01-0009741	269.62	24.27	24	0	317.89 P : 80 CLAUDIA DR #372	9740 80 CLAUDIA DRIVE WEST HAVEN/CT/6516/0
2023-01-0009763	5,581.96	753.57	24	0	6,359.53 P : 119 WOODVALE RD	9741 80 CLAUDIA DR #372 WEST HAVEN/CT/6516/0
2023-06-0009763	488	65.88	24	0	577.88 P : 119 WOODVALE RD	9783 119 WOODVALE RD WEST HAVEN/CT/6516/0
2023-06-0009902	976	131.76	24	0	1,131.76 P : 8 MARTIN ST	9783 119 WOODVALE RD WEST HAVEN/CT/6516/0
2023-01-0009947	3,729.25	335.63	24	0	4,088.88 P : 1168 MAIN ST	9902 10 MARTIN ST WEST HAVEN/CT/6516/0
2023-06-0010061	976	131.76	24	0	1,131.76 P : 212 YORK ST	9947 375 MORGAN LA #107 WEST HAVEN/CT/6516/0
2023-01-0010077	4,794.02	431.46	24	0	5,249.48 P : 277 PARK ST	10061 467 WHALLEY AVE #P NEW HAVEN/CT/6511/0
2023-06-0010077	732	65.88	24	0	821.88 P : 277 PARK ST	10077 277 PARK ST WEST HAVEN/CT/6516/0
2023-01-0010101	1,330.86	179.67	24	0	1,534.53 P : 271 FRONT AVE	10077 277 PARK ST WEST HAVEN/CT/6516/0
2023-01-0010529	2,689.62	242.07	24	0	2,955.69 P : 322 MAIN ST	10101 271 FRONT AV WEST HAVEN/CT/6516/0
2023-06-0010611	488	65.88	24	0	577.88 P : 153 WOOD ST	10529 CORE LOGIC/COPPEL TX 75019/0
2023-01-0010701	1,358.14	40.74	0	0	1,398.88 P : 164 SECOND AVE	10611 153 WOOD ST WEST HAVEN/CT/6516/0
2023-01-0010791	1,314.10	118.27	24	0	1,456.37 P : 60 PLAINFIELD AVE #36	10701 164 SECOND AVE WEST HAVEN/CT/6516/0
2023-06-0010791	244	21.96	24	0	289.96 P : 60 PLAINFIELD AVE #36	10791 60 PLAINFIELD AV #36 WEST HAVEN/CT/6516/0
2023-01-0010862	6,121.30	826.37	24	0	6,971.67 P : 49 ORANGE TER	10791 60 PLAINFIELD AV #36 WEST HAVEN/CT/6516/0
2023-06-0010862	488	65.88	24	0	577.88 P : 49 ORANGE TER	10862 49 ORANGE TER WEST HAVEN/CT/6516/0

2022-01-0010871	11,079.16	3,489.93	24	0	14,593.09 P : 603 SAVIN AVE	10871 603 SAVIN AV/WEST HAVEN/CT/6516/0
2022-06-0010871	940	296.1	24	0	1,260.10 P : 603 SAVIN AV	10871 603 SAVIN AV/WEST HAVEN/CT/6516/0
2023-01-0010871	11,557.96	1,560.33	24	0	13,142.29 P : 603 SAVIN AVE	10871 603 SAVIN AV/WEST HAVEN/CT/6516/0
2023-06-0010871	976	131.76	24	0	1,131.76 P : 603 SAVIN AV	10871 603 SAVIN AV/WEST HAVEN/CT/6516/0
2023-01-0010946	2,729.01	245.61	24	0	2,998.62 P : 250 BROWN ST	10946 250 BROWN ST/WEST HAVEN/CT/6516/0
2023-06-0010946	244	21.96	24	0	289.96 P : 250 BROWN ST	10946 250 BROWN ST/WEST HAVEN/CT/6516/0
2023-01-0011181	2,272.86	204.56	24	0	2,501.42 P : 40 FRONT AVE	11181 40 FRONT AVE/WEST HAVEN/CT/6516/0
2023-01-0011209	4,342.30	390.8	24	0	4,757.10 P : 230 CAMPBELL AVE	11209 230 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-06-0011209	488	43.92	24	0	555.92 P : 230 CAMPBELL AV	11209 230 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-06-0011211	488	65.88	24	0	577.88 P : 58 MARION ST	11211 58 MARION ST/WEST HAVEN/CT/6516/0
2023-01-0011267	3,952.64	355.74	24	0	4,332.38 P : 4 SUNFLOWER CR	11267 4 SUNFLOWER CR/WEST HAVEN/CT/6516/0
2023-06-0011267	253	23.96	24	0	300.96 P : 4 SUNFLOWER CR	11267 4 SUNFLOWER CR/WEST HAVEN/CT/6516/0
2023-01-0011310	1,596.32	215.49	24	0	1,835.81 P : 79 CLAUDIA DR #147	11310 79 CLAUDIA DR #147/WEST HAVEN/CT/6516/0
2023-06-0011310	488	65.88	24	0	577.88 P : 79 CLAUDIA DR #147	11310 79 CLAUDIA DR #147/WEST HAVEN/CT/6516/0
2023-01-0011379	12,770.46	1,724.01	24	0	14,518.47 P : 93 CAMPBELL AVE	11379 93 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-06-0011379	976	131.76	24	0	1,131.76 P : 93 CAMPBELL AV	11379 93 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-01-0011547	2,091.37	125.49	24	0	2,240.86 P : 141 MAIN ST	11547 PO BOX 365/GUILFORD/CT/6437/0
2023-01-0011581	1,444.11	129.97	24	0	1,598.08 P : 140 CAPT THOMAS #509	11581 87 BERKSHIRE RD/SANDY HOOK/CT/6482/0
2023-01-0011607	2,672.14	259.81	24	0	2,955.95 P : 9 ELY ST	11607 9 ELY ST/WEST HAVEN/CT/6516/0
2023-06-0011607	244	21.96	24	0	289.96 P : 9 ELY ST	11607 9 ELY ST/WEST HAVEN/CT/6516/0
2023-01-0011745	505.16	68.19	24	0	597.35 P : BULL HILL LA	11745 687 SAWMILL ROAD/WEST HAVEN/CT/6516/0
2023-01-0011836	2,648.32	238.35	24	0	2,910.67 P : 163 HEMLOCK ST	11836 163 HEMLOCK ST/WEST HAVEN/CT/6516/0
2023-06-0011836	244	21.96	24	0	289.96 P : 163 HEMLOCK ST	11836 163 HEMLOCK ST/WEST HAVEN/CT/6516/0
2023-01-0011952	6,432.48	868.39	24	0	7,324.87 P : 130 CONTACT DR	11952 130 CONTACT DR/WEST HAVEN/CT/6516/0
2023-06-0011952	488	65.88	24	0	577.88 P : 130 CONTACT DR	11952 130 CONTACT DR/WEST HAVEN/CT/6516/0
2023-01-0012115	7,132.46	962.88	24	0	8,119.34 P : 417 KELSEY AVE	12115 417 KELSEY AVE/WEST HAVEN/CT/6516/0
2023-06-0012115	488	65.88	24	0	577.88 P : 417 KELSEY AVE	12115 417 KELSEY AVE/WEST HAVEN/CT/6516/0
2023-01-0012190	4,101.16	369.11	24	0	4,494.27 P : 813 CAMPBELL AVE	12190 813 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-06-0012190	732	65.88	24	0	821.88 P : 813 CAMPBELL AV	12190 813 CAMPBELL AVE/WEST HAVEN/CT/6516/0
2023-01-0012199	4,216.86	189.82	0	0	4,406.68 P : 63 ELLSWORTH ST	12199 63 ELLSWORTH ST/WEST HAVEN/CT/6516/0
2023-01-0012230	2,641.61	237.75	24	0	2,903.36 P : 121 CANTON ST	12230 121 CANTON ST/WEST HAVEN/CT/6516/0
2023-06-0012230	244	21.96	24	0	289.96 P : 121 CANTON ST	12230 121 CANTON ST/WEST HAVEN/CT/6516/0
2023-06-0012256	4,610.72	207.48	24	0	4,842.20 P : 600 THIRD AVE	12256 PO BOX 866/ORANGE/CT/6477/0
2023-01-0012285	1,134.04	102.06	24	0	1,260.10 P : 311 SAVIN AVE	12285 192 BROADWAY/MILFORD/CT/6460/0
2023-06-0012301	488	65.88	24	0	577.88 P : 379 SAWMILL RD	12301 379 SAWMILL RD/WEST HAVEN/CT/6516/0
2023-01-0012311	2,635.61	237.2	24	0	2,896.81 P : 213 EAST AVE	12311 86 SPRING STREET REAR/NEW HAVEN/CT/0/0
2023-06-0012311	244	21.96	24	0	289.96 P : 213 EAST AV	12311 86 SPRING STREET REAR/NEW HAVEN/CT/0/0
2023-01-0012364	5,765.98	778.4	24	0	6,568.38 P : 69 SANFORD ST	12364 69 SANFORD ST/WEST HAVEN/CT/6516/0
2023-06-0012364	488	65.88	24	0	577.88 P : 69 SANFORD ST	12364 69 SANFORD ST/WEST HAVEN/CT/6516/0
2023-01-0012428	2,739.20	246.53	24	0	3,009.73 P : 130 HIGHLAND ST	12428 130 HIGHLAND ST/WEST HAVEN/CT/6516/0
2023-06-0012428	244	21.96	24	0	289.96 P : 130 HIGHLAND ST	12428 130 HIGHLAND ST/WEST HAVEN/CT/6516/0

2023-01-0012589	3,990.91	359.18	24	0	4,374.09 P: 958 ORANGE AVE	12589 120 VIADUCT RD/STAMFORD/CT/6907/0
2023-01-0012634	2,363.90	212.75	24	0	2,600.65 P: 20 MARSHALL ST	12634 20 MARSHALL ST/WEST HAVEN/CT/6516/0
2023-06-0012634	244	21.96	24	0	289.96 P: 20 MARSHALL ST	12634 20 MARSHALL ST/WEST HAVEN/CT/6516/0
2023-01-0012894	3,729.25	335.63	24	0	4,088.88 P: 479 SECOND AVE	12894 404 HILL ST/HAMDEN/CT/6514/0
2023-06-0012939	244	21.96	24	0	289.96 P: 19 ORANGE TER	12939 19 ORANGE TER/WEST HAVEN/CT/6516/0
2023-01-0012995	3,729.25	335.63	24	0	4,088.88 P: 473 SECOND AVE	12995 375 MORGAN LA #107/WEST HAVEN/CT/6516/0
2023-01-0013036	3,729.25	335.63	24	0	4,088.88 P: 481 SECOND AVE	13036 481 SECOND AVE/WEST HAVEN/CT/6516/0
2023-01-0013089	4,058.67	367.26	24	0	4,449.93 P: 615 SECOND AVE	13089 615 SECOND AVE/WEST HAVEN/CT/6516/0
2023-06-0013089	488	43.92	24	0	555.92 P: 615 SECOND AVE	13089 615 SECOND AVE/WEST HAVEN/CT/6516/0
2023-06-0013150	1,952.00	263.52	24	0	2,239.52 P: 400 DERBY AV	13150 400 DERBY AVE/WEST HAVEN/CT/6516/0
2023-01-0013186	3,729.25	335.63	24	0	4,088.88 P: 116D MAIN ST	13186 375 MORGAN LA #107/WEST HAVEN/CT/6516/0
2023-01-0013343	6,805.18	918.7	24	0	7,747.88 P: 131 FRESH MEADOW RD	13343 781 RIVERSIDE DR/ORANGE/CT/6477/0
2023-01-0013534	3,622.98	326.07	24	0	3,973.05 P: 36 LINDEN ST	13534 PO BOX 16682/WEST HAVEN/CT/6516/0
2023-01-0013588	2,529.49	151.77	24	0	2,705.26 P: 140 CAPT THOMAS #707	13588 140 CAPT THOMAS #707/WEST HAVEN/CT/6516/0
2023-01-0014002	5,873.22	792.88	24	0	6,690.10 P: 15 SMITH CT	14002 360 ANDERSON AVE/MILFORD/CT/6460/0
2023-06-0014002	976	131.76	24	0	1,131.76 P: 15 SMITH CT	14002 360 ANDERSON AVE/MILFORD/CT/6460/0
2023-01-0014026	3,766.31	338.96	24	0	4,129.27 P: 28 ROCKDALE RD	14026 28 ROCKDALE RD/WEST HAVEN/CT/6516/0
2023-06-0014026	244	21.96	24	0	289.96 P: 28 ROCKDALE RD	14026 28 ROCKDALE RD/WEST HAVEN/CT/6516/0
2023-01-0014029	8,561.78	1,155.84	24	0	9,741.62 P: 152 HEMLOCK ST	14029 152 HEMLOCK ST/WEST HAVEN/CT/6516/0
2023-06-0014029	1,464.00	197.64	24	0	1,685.64 P: 152 HEMLOCK ST	14029 152 HEMLOCK ST/WEST HAVEN/CT/6516/0
2022-06-0014113	470	148.05	24	0	642.05 P: 178 WEST WALK	14113 178 WEST WALK/WEST HAVEN/CT/6516/0
2023-01-0014113	4,802.52	648.34	24	0	5,474.86 P: 178 WEST WALK	14113 178 WEST WALK/WEST HAVEN/CT/6516/0
2023-06-0014113	488	65.88	24	0	577.88 P: 178 WEST WALK	14113 178 WEST WALK/WEST HAVEN/CT/6516/0
2023-01-0014534	1,712.68	25.69	0	0	1,738.37 P: 116 CHURCH ST	14534 0116 CHURCH ST/WEST HAVEN/CT/6516/0
2023-01-0014673	2,618.63	235.67	24	0	2,878.30 P: 42 SPRING ST	14673 42 SPRING ST/WEST HAVEN/CT/6516/0
2023-06-0014673	244	21.96	24	0	289.96 P: 42 SPRING ST	14673 42 SPRING ST/WEST HAVEN/CT/6516/0
2023-01-0014788	5,709.36	770.76	24	0	6,504.12 P: 165 LEETE ST	14788 165 LEETE ST/WEST HAVEN/CT/6516/0
2023-06-0014788	488	65.88	24	0	577.88 P: 165 LEETE ST	14788 165 LEETE ST/WEST HAVEN/CT/6516/0
2023-01-0014891	3,953.42	355.81	24	0	4,333.23 P: 307 CENTER ST	14891 307 CENTER ST/WEST HAVEN/CT/6516/0
2023-06-0014891	244	21.96	24	0	289.96 P: 307 CENTER ST	14891 307 CENTER ST/WEST HAVEN/CT/6516/0
2023-01-0014946	7,682.67	691.45	24	0	8,398.12 P: 401 ELM ST	14946 53 JENNIFER DR/NORTH HAVEN/CT/6473/0
2023-06-0014946	244	21.96	24	0	289.96 P: 401 ELM ST	14946 53 JENNIFER DR/NORTH HAVEN/CT/6473/0
2022-01-0015117	5,368.66	1,691.13	24	0	7,083.79 P: 68 FRONT AVE	15117 81 ASYLUM ST/HARTFORD/CT/6103/0
2022-06-0015117	470	148.05	24	0	642.05 P: 68 FRONT AV	15117 81 ASYLUM ST/HARTFORD/CT/6103/0
2023-01-0015117	5,600.68	756.1	24	0	6,380.78 P: 68 FRONT AVE	15117 81 ASYLUM ST/HARTFORD/CT/6103/0
2023-06-0015117	488	65.88	24	0	577.88 P: 68 FRONT AV	15117 81 ASYLUM ST/HARTFORD/CT/6103/0
2023-01-0015195	6,023.76	785.17	24	0	6,832.93 P: 51 COLEMAN ST	15195 51 COLEMAN ST/WEST HAVEN/CT/6516/0
2023-06-0015195	244	21.96	24	0	289.96 P: 51 COLEMAN ST	15195 51 COLEMAN ST/WEST HAVEN/CT/6516/0
2023-01-0015215	3,982.39	59.74	0	0	4,042.13 P: 32 MIAMI ST	15215 32 MIAMI ST/WEST HAVEN/CT/6516/0
2023-01-0015234	1,255.98	113.04	24	0	1,393.02 P: 415 MAIN ST	15234 415 MAIN ST/WEST HAVEN/CT/6516/0
2023-01-0015261	7,485.68	1,010.56	24	0	8,520.24 P: 63 NORTH ST	15261 63 NORTH ST/WEST HAVEN/CT/6516/0

2023-06-0015261	488	65.88	24	0	577.88 P : 63 NORTH ST	15261 63 NORTH ST/WEST HAVEN/CT/6516/0
2023-01-0015344	1,751.55	16.47	0	0	1,768.02 P : 108 CHERRY LA	15344 108 CHERRY LA/WEST HAVEN/CT/6516/0
2023-01-0015454	2,968.46	267.16	24	0	3,259.62 P : 85 WILLIAM ST	15454 457 MAIN ST/EAST HAVEN/CT/6512/0
2023-06-0015454	244	21.96	24	0	289.96 P : 85 WILLIAM ST	15454 457 MAIN ST/EAST HAVEN/CT/6512/0
2023-01-0015599	5,987.22	806.12	24	0	6,817.34 P : 34 MALTB'Y AVE	15599 24 SOMERS STREET/BRIDGEPORT/CT/6604/0
2023-06-0015599	488	65.88	24	0	577.88 P : 34 MALTB'Y AVE	15599 24 SOMERS STREET/BRIDGEPORT/CT/6604/0
2023-01-0015680	5,131.98	692.82	24	0	5,848.80 P : 46 SAVIN PARK	15680 46 SAVIN PARK/WEST HAVEN/CT/6516/0
2023-06-0015680	488	65.88	24	0	577.88 P : 46 SAVIN PARK	15680 46 SAVIN PARK/WEST HAVEN/CT/6516/0
2023-01-0020221	4,843.90	462.75	24	0	5,330.65 P : 160 PEABODY ST	20221 160 PEABODY ST/WEST HAVEN/CT/6516/0
2023-06-0020221	244	21.96	24	0	289.96 P : 160 PEABODY ST	20221 160 PEABODY ST/WEST HAVEN/CT/6516/0
2023-01-0020383	5,219.54	469.76	24	0	5,713.30 P : 690 FOREST RD #652	20383 690 FOREST RD #652/WEST HAVEN/CT/6516/0
2023-06-0020383	244	21.96	24	0	289.96 P : 690 FOREST RD #652	20383 690 FOREST RD #652/WEST HAVEN/CT/6516/0
2023-01-0020480	4,228.68	126.86	0	0	4,355.54 P : 154 PAINTER AVE	20480 154 PAINTER AVE/WEST HAVEN/CT/6516/0
2023-06-0020480	488	65.88	24	0	577.88 P : 154 PAINTER AVE	20480 154 PAINTER AVE/WEST HAVEN/CT/6516/0
2023-01-0020483	244.55	22.01	24	0	290.56 P : 267 BEACH ST & EAST	20483 267 BEACH ST #3/WEST HAVEN/CT/6516/0
2023-06-0020483	244	21.96	24	0	289.96 P : 267 BEACH ST #3	20483 267 BEACH ST #3/WEST HAVEN/CT/6516/0
2023-06-0020538	488	65.88	24	0	577.88 P : 790 FIRST AVE #02	20538 790 FIRST AVE #02/WEST HAVEN/CT/6516/0
2023-01-0020599	1,162.84	104.65	24	0	1,291.49 P : 153 BULL HILL LA #S8	20599 153 BULL HILL LA #S8/WEST HAVEN/CT/6516/0
2023-06-0020599	244	21.96	24	0	289.96 P : 153 BULL HILL LA #S8	20599 153 BULL HILL LA #S8/WEST HAVEN/CT/6516/0
2023-01-0020625	2,325.68	313.96	24	0	2,663.64 P : 153 BULL HILL LA #211	20625 153 BULL HILL LA #211/WEST HAVEN/CT/6516/0
2023-06-0020625	488	65.88	24	0	577.88 P : 153 BULL HILL LA #211	20625 153 BULL HILL LA #211/WEST HAVEN/CT/6516/0
2023-01-0020629	918.46	82.66	24	0	1,025.12 P : 153 BULL HILL LA #301	20629 203 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-06-0020629	244	21.96	24	0	289.96 P : 153 BULL HILL LA #301	20629 203 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-01-0020634	918.46	82.66	24	0	1,025.12 P : 153 BULL HILL LA #306	20634 153 BULL HILL LA #306/WEST HAVEN/CT/6516/0
2023-06-0020634	244	21.96	24	0	289.96 P : 153 BULL HILL LA #306	20634 153 BULL HILL LA #306/WEST HAVEN/CT/6516/0
2023-01-0020652	918.46	82.66	24	0	1,025.12 P : 155 BULL HILL LA #101	20652 203 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-06-0020652	244	21.96	24	0	289.96 P : 155 BULL HILL LA #101	20652 203 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-01-0020674	1,162.84	104.65	24	0	1,291.49 P : 155 BULL HILL LA #210	20674 155 BULL HILL LA #210/WEST HAVEN/CT/6516/0
2023-06-0020674	244	21.96	24	0	289.96 P : 155 BULL HILL LA #210	20674 155 BULL HILL LA #210/WEST HAVEN/CT/6516/0
2023-01-0020680	1,121.84	100.96	24	0	1,246.80 P : 155 BULL HILL LA #302	20680 155 BULL HILL LA #302/WEST HAVEN/CT/6516/0
2023-06-0020680	244	21.96	24	0	289.96 P : 155 BULL HILL LA #302	20680 155 BULL HILL LA #302/WEST HAVEN/CT/6516/0
2023-01-0020725	2,325.68	313.96	24	0	2,663.64 P : 157 BULL HILL LA #211	20725 157 BULL HILL LA #211/WEST HAVEN/CT/6516/0
2023-01-0020739	1,162.84	104.65	24	0	1,291.49 P : 157 BULL HILL LA #311	20739 203 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-06-0020739	244	21.96	24	0	289.96 P : 157 BULL HILL LA #311	20739 203 WASHINGTON AVE/WEST HAVEN/CT/6516/0
2023-01-0021261	1,701.62	229.72	24	0	1,955.34 P : 5 TREAT ST UNIT 09C	21261 5 TREAT ST UNIT 09C/WEST HAVEN/CT/6516/0
2023-06-0021261	488	65.88	24	0	577.88 P : 5 TREAT ST UNIT 09C	21261 5 TREAT ST UNIT 09C/WEST HAVEN/CT/6516/0
2023-01-0021991	1,551.18	69.8	24	0	1,644.98 P : 360 W SPRING ST UNIT D17	21991 1080 RACEBOOK RD/WOODBRIDGE/CT/6525/0
2023-01-0022196	3,183.02	286.48	24	0	3,493.50 P : 84 NORWELL ST	22196 84 NORWELL ST/WEST HAVEN/CT/6516/0
2023-06-0022196	244	21.96	24	0	289.96 P : 84 NORWELL ST	22196 84 NORWELL ST/WEST HAVEN/CT/6516/0
2023-01-0022705	970.94	87.39	24	0	1,082.33 P : 690 JONES HILL RD #10	22705 690 JONES HILL RD #10/WEST HAVEN/CT/6516/0
2023-06-0022705	488	65.88	24	0	577.88 P : 690 JONES HILL RD #10	22705 690 JONES HILL RD #10/WEST HAVEN/CT/6516/0

2023-01-0022749	4,612.32	622.67	24	0	5,258.99	P : 440 W SPRING ST #H	22749 440 W SPRING ST #H/WEST HAVEN/CT/6516/0
2023-06-0022749	488	65.88	24	0	577.88	P : 440 W SPRING ST #H	22749 440 W SPRING ST #H/WEST HAVEN/CT/6516/0
2023-06-0022751	488	65.88	24	0	577.88	P : 440 W SPRING ST #J	22751 440 W SPRING ST #J/WEST HAVEN/CT/6516/0
2022-06-0041035	470	148.05	24	0	642.05	P : 546 OCEAN AVE	41035 546 OCEAN AVE/WEST HAVEN/CT/6516/0
2023-06-0041035	488	65.88	24	0	577.88	P : 546 OCEAN AVE	41035 546 OCEAN AVE/WEST HAVEN/CT/6516/0
2023-06-0041043	488	65.88	24	0	577.88	P : 211 MAIN ST	41043 211 MAIN ST/WEST HAVEN/CT/6516/0
2023-01-0067656	691.17	62.2	24	0	777.37	P : 72 HALL ST	67656 247 BROADWAY/MILFORD/CT/6460/0
	987,412.96	11,4566.8	7368	20	1,109,367.75		
					80378.13		
					Premium		
					1,189,745.88		

COMMUNICATION 

COMMUNITY DEVELOPMENT ADMINISTRATION

City of West Haven • 355 Main Street • West Haven, Connecticut 06516



May 29, 2025

Honorable Nicholas Pascale, Chair
West Haven City Council
355 Main Street
West Haven, CT 06516

Dear Chairman Pascale,

I am respectfully requesting that CDA be placed on the City Council agenda for the Monday, June 23rd meeting to review the Community Development Administration budget for Program Year July 1, 2025-June 30, 2026 (PY 51).

Additionally, we respectfully ask that you schedule a City Council Public Hearing for July 28, 2025, as well as being placed on the July 28 agenda for approval of Budget.

I have attached the Budget for the Council to review. I am available if you have any questions or concerns you would like to address. I may be contacted via e-mail at Richardson@westhaven-ct.gov or by phone: 203-937-3550.

Thank you for your attention to this matter.

Best Regards,



Rosa Richardson
CDA

Enc.

CITY OF WEST HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT

PY 51
JULY 1, 2025-JUNE 30, 2026
PROPOSED PROJECTS

<i>Public Services</i>	AGENCY REQUEST		FUNDING AMOUNT		AVAILABLE AND UNCOMMITTED		ESTIMATED PROGRAM INCOME		RECOMMENDED ENTITLEMENT ALLOCATION		RECOMMENDED FUNDING TOTAL	
	PY 51		PY 50		PRIOR YEAR							
W.H. CHILD DEVELOPMENT CENTER to continue funding for an onsite Nurse	\$	50,000.00	\$	6,196.00	\$	-	\$	-	\$	6,199.00	\$	6,199.00
LITERACY VOLUNTEERS OF SOUTHERN CT Provide one-on-one tutoring for ELL	\$	5,000.00	\$	-	\$	-	\$	-	\$	-	\$	-
DOMESTIC VIOLENCE SERVICES - BH CARE Funds will provide support victim/ services for families /victims of domestic violence	\$	17,779.00	\$	9,245.00	\$	-	\$	-	\$	10,000.00	\$	10,000.00
WH YOUTH AND FAMILY SERVICES/ Parent Support Funds will provide child care services during support group and Autism Support Group meetings	\$	5,150.00	\$	2,951.00	\$	-	\$	-	\$	2,951.00	\$	2,951.00
WH YOUTH AND FAMILY SERVICES/ Children with Special Needs Funds will provide for staff support and recreational activity costs for children with special needs	\$	10,050.00	\$	8,852.00	\$	-	\$	-	\$	10,050.00	\$	10,050.00
SHEAR BRILLIANCE HAIR SALON Staff Salary for Training- Hair, IT, Cosmetology, etc...	\$	100,000.00	\$	-			\$	-	\$	-	\$	-

CITY OF WEST HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT

PY 51
JULY 1, 2025-JUNE 30, 2026
PROPOSED PROJECTS

<i>Public Service Continued</i>	AGENCY REQUEST PY 51	FUNDING AMOUNT PY 50	AVAILABLE AND UNCOMMITTED PRIOR YEAR	ESTIMATED PROGRAM INCOME	RECOMMENDED ENTITLEMENT ALLOCATION	RECOMMENDED FUNDING TOTAL
WH COMMUNITY HOUSE/ HEADSTART To provide finds to supplement programs and staff to improve covid related deficiencies in social/academic skills	\$ 28,308.00	\$ 12,982.00	-	\$ -	\$ 15,000.00	\$ 15,000.00
HUMAN RESOURCES Emergency Assistance for Displaced Residents	\$ -	\$ 1,967.00	\$ -	\$ -	\$ -	\$ -
RAPE CRISIS CENTER OF MILFORD Center counsels, provides advocacy and emergency services to young (18 and under) rape victims in West Haven	\$ 8,000.00	\$ 7,868.00	\$ -	\$ -	\$ 9,000.00	\$ 9,000.00
W.H.E.A.T. Support for WHEAT Staff	\$ 57,600.00	\$ 14,753.00	\$ -	\$ -	\$ 10,000.00	\$ 10,000.00
BRIDGES, INC. ELDERLY CASE MANAGEMENT Program will assist elderly (60+) clients with case management services	\$ 15,000.00	\$ 11,802.00	\$ -	\$ -	\$ 12,000.00	\$ 12,000.00
WH PUBLIC LIBRARY- Summer Slide Program	\$ 15,000.00	\$ 2,951.00			\$ -	\$ -
COLUMBUS HOUSE, INC. Funds will provide assistance to clients who are transitioning out of shelter into supportive housing	\$ 25,000.00	\$ 8,852.00			\$ 11,000.00	\$ 11,000.00

CITY OF WEST HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT
PY 51

JULY 1, 2025-JUNE 30, 2026
PROPOSED PROJECTS

<i>Public Service Continued</i>		AGENCY REQUEST		FUNDING AMOUNT		AVAILABLE &	ESTIMATED	RECOMMENDED		RECOMMENDED
		PY 51		PY 50		PRIOR YEAR	PROGRAM INCOME	ENTITLEMENT ALLOCATION		FUNDING TOTAL
		\$	-	\$	-			\$	-	\$ -
WH YOUTH AND FAMILY SERVICES/Sibshop										
Formerly Clinical Support Staff										
Now is Support Program to siblings of Latino special needs										
	Sibshop	\$	7,200.00	\$	4,918.00			\$	-	\$ -
	Clinical									
WH YOUTH AND FAMILY SERVICES/Adolescent Support		\$	8,500.00	\$	3,800.00			\$	3,800.00	\$ 3,800.00
These funds will offset costs to provide activities specifically designed for adolescent group										
ARTS WEST										
Technical Assistance to Artists								\$	-	\$ -
			\$8,000	\$	-					
SUBTOTAL PUBLIC SERVICE		\$	360,587.00	\$	90,000.00	\$	-	\$	90,000.00	\$ 90,000.00

CITY OF WEST HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT
PY 51

JULY 1, 2025-JUNE 30, 2026
PROPOSED PROJECTS

<i>Homeownership Assistance</i>		AGENCY REQUEST		FUNDING AMOUNT		AVAILABLE &	ESTIMATED	RECOMMENDED	RECOMMENDED
		PY 51	PY 50	PRIOR YEAR	INCOME	PROGRAM	ENTITLEMENT	ALLOCATION	FUNDING TOTAL
DOWNPAYMENT ASSISTANCE PROGRAM									
To continue a downpayment "loan" program for first time home buyers including Administrative costs		\$ 69,968.00	\$ 69,598.00				\$ 69,968.00	\$ 69,968.00	
HOMEOWNER ASSISTANCE SUBTOTAL		\$ 69,968.00	\$ 69,598.00				\$ 69,968.00	\$ 69,968.00	
<i>Rehabilitation</i>									
SINGLE FAMILY REHABILITATION									
Loans to Owner Occupied Single Family homeowners to correct code violations, for weatherization or health and safety corrections and Administrative Salary		\$ 155,000.00	\$ 152,000.00	-	\$ 75,000.00	\$ 122,000.00	\$ 195,000.00		
MULTI-FAMILY REHABILITATION									
Loans to Owner Occupied Multi Family homeowners to correct code violations, for weatherization or health and safety corrections		\$ -	\$ -	-	\$ 1,000.00	\$ -	\$ 1,000.00		
HANDICAP RAMP/LIFT PROGRAM									
Grant program for up to \$7,000 to assist person with disabilities inStall handicap ramp/ lift		\$ 14,000.00	\$ 14,000.00	-	\$ -	\$ 14,000.00	\$ 14,000.00		
REHABILITATION SUBTOTAL		\$ 169,000.00	\$ 166,000.00	\$ -	\$ 76,000.00	\$ 136,000.00	\$ 210,000.00		

CITY OF WEST HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT

PY 51
JULY 1, 2025-JUNE 30, 2026
PROPOSED PROJECTS

<i>Capital Improvements/ Facilities</i>	AGENCY REQUEST PY 51	FUNDING AMOUNT PY 50	AVAILABLE & UNCOMMITTED PRIOR YEAR	ESTIMATED PROGRAM INCOME	RECOMMENDED ENTITLEMENT ALLOCATION	RECOMMENDED FUNDING TOTAL
WH COMMUNITY HOUSE CAPITAL IMPROVEMENT Roof 40 Wood Street	\$ 27,000.00	\$ 28,520.00	\$ -		\$ 17,000.00	\$ 17,000.00
WARD HEITTMANN HOUSE Capital Improvements	\$ 100,000.00	\$ -			\$ -	\$ -
WH BOARD OF EDUCATION- Flooring	\$ 27,413.00	\$ 44,258.00	\$ -	\$ -	\$ 27,413.00	\$ 25,000.00
LIVING WORD MINISTRIES/ Vertical Church Renovations to Dream Center	\$ -	\$ -	\$27,148 Prior Year Funds		\$ -	\$ 27,148.00
ENGINEERING Paving/ Low-Mod Area where sewers installed	\$ -	\$ 88,515.00	\$ -	\$ -	\$ -	\$ -
MARRAKECH CAPITAL IMPROVEMENT Cafeteria Rehabilitation	\$ 25,000.00	\$ -	\$0		\$ 25,000.00	\$ 25,000.00
SIDEWALK IMPROVEMENTS/ PUBLIC WORKS Sidewalk Improvements in Allingtown	\$ 49,996.00	\$ -			\$ 50,000.00	\$ 50,000.00
FIRST CONG. CHURCH/ Handicap Ramp	\$ 44,000.00	\$ -			\$ 30,000.00	\$ 30,000.00
ALLINGTOWN FD- Code Compliance/ illegal apts.	\$ 50,000.00	\$ 50,000.00	\$ -		\$ 50,000.00	\$ 50,000.00
PUBLIC WORKS/ FACILITIES SUBTOTAL	\$ 323,409.00	\$ 211,293.00	\$ 27,148.00	\$ -	\$ 199,413.00	\$ 224,148.00

CITY OF WEST HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT

PY 51
JULY 1, 2025-JUNE 30, 2026
PROPOSED PROJECTS

Economic Development					
AGENCY REQUEST	FUNDING AMOUNT	AVAILABLE & UNCOMMITTED	ESTIMATED PROGRAM	RECOMMENDED ENTITLEMENT	RECOMMENDED
PY 51	PY 50	PRIOR YEAR	INCOME	ALLOCATION	FUNDING TOTAL

BUSINESS LOAN GUARANTEE
\$ - \$ - \$ - \$ - \$ -
Loan Program for those who want to open a new business
but are unable to receive a conventional Business Loan

BUSINESS FAÇADE
\$ - \$ - \$ - \$ 1,000.00 \$ - \$ 1,000.00
This program has been cancelled but CDA still
receives loan payments

ECONOMIC DEVELOPMENT SUBTOTAL \$ - \$ - \$ - \$ 1,000.00 \$ - \$ 1,000.00

General Administration					
AGENCY REQUEST	FUNDING AMOUNT	AVAILABLE & UNCOMMITTED	ESTIMATED PROGRAM	RECOMMENDED ENTITLEMENT	RECOMMENDED FUNDING TOTAL
PY 51	PY 50	PRIOR YEAR	INCOME	ALLOCATION	

GENERAL ADMINISTRATION
\$ 155,000.00 \$ 152,000.00 \$ - \$ 122,000.00 \$ 122,000.00
To support salary, office expenses etc. related to
the administration of the Community Development
Block Grant Program

\$ -

GENERAL ADMINISTRATION SUBTOTAL \$ 155,000.00 \$ 152,000.00 \$ - \$ 122,000.00 \$ 122,000.00

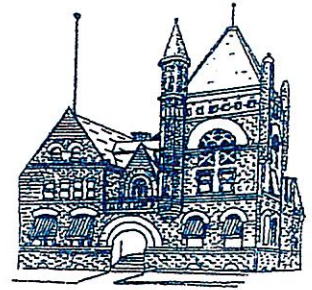
COMMUNICATION E



David R. Taylor
Acting Finance Director

Department of Finance

City of West Haven
355 Main Street
West Haven, Connecticut 06516



City Hall
1896-1968

June 18, 2025

West Haven City Council

Honorable Members,

The following Transfers are requested:

1. Please authorize the transfer of \$2,200,000 from the Medical Internal Service Fund (603) to the Workers Compensation Internal Service Fund (602). As presented most recently in the FY 2024 audit, the Medical Fund has been overfunded, and the Workers Comp Fund has been underfunded over many years.
2. Please authorize the transfer of \$346,029 from account 19009990-56010 Unallocated Contingency to account 14000010-52680 Town Aid Road. This transfer will increase this budget to the amount of Town Aid Road that the state has granted (account 10120045-45248, \$621,029) and will aid in reconciliation as well as reporting to the state.

David Taylor
Assistant Finance Director
City of West Haven, Connecticut

CITY OF WEST HAVEN

APPROPRIATION OR TRANSFER REQUEST FORM

Finance Office
DEPARTMENT

18-Jun-25
COUNCIL MEETING DATE

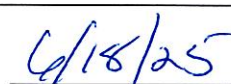
Line No.	Org. Code	Object Code	Object Description	Current Budget Amount	Budget Transfer In/(Out)	Revised Budget Amount
1	60321046	46810	Medical internal Service Fund	\$ -	\$ (2,200,000.00)	\$ (2,200,000.00)
2	60221046	46810	Workers Comp internal Service Fund	\$ -	\$ 2,200,000.00	\$ 2,200,000.00
3						
4						
5				\$ -	\$ -	\$ -
6				\$ -	\$ -	\$ -
7				\$ -	\$ -	\$ -
8				\$ -	\$ -	\$ -
9				\$ -	\$ -	\$ -
10				\$ -	\$ -	\$ -
11				\$ -	\$ -	\$ -
12				\$ -	\$ -	\$ -
13				\$ -	\$ -	\$ -
14				\$ -	\$ -	\$ -

Explanation:

1. Please authorize the transfer of \$2,200,000 from the Medical Internal Service Fund (603) to the Workers Compensation Internal Service Fund (602). As presented most recently in the FY 2024 audit, the Medical Fund has been overfunded, and the Workers Comp Fund has been underfunded over many years.



Department Head



Date



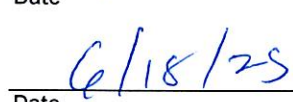
Director of Finance



Date



Mayor



Date

City Council (if over \$500)

Date

CITY OF WEST HAVEN

APPROPRIATION OR TRANSFER REQUEST FORM

Finance Office
DEPARTMENT

18-Jun-25
COUNCIL MEETING DATE

Line No.	Org. Code	Object Code	Object Description	Current Budget Amount	Budget Transfer In/(Out)	Revised Budget Amount
1						
2						
3	19009990	56010	Unallocated Contingency	\$ 960,000.00	\$ (346,029.00)	\$ 613,971.00
4	14000010	52680	Town Aid Road	\$ 275,000.00	\$ 346,029.00	\$ 621,029.00
5				\$ -	\$ -	\$ -
6				\$ -	\$ -	\$ -
7				\$ -	\$ -	\$ -
8				\$ -	\$ -	\$ -
9				\$ -	\$ -	\$ -
10				\$ -	\$ -	\$ -
11				\$ -	\$ -	\$ -
12				\$ -	\$ -	\$ -
13				\$ -	\$ -	\$ -
14				\$ -	\$ -	\$ -

Explanation:

2. Please authorize the transfer of \$346,029 from account 19009990-56010 Unallocated Contingency to account 14000010-52680 Town Aid Road. This transfer will increase this budget to the amount of Town Aid Road that the state has granted (account 10120045-45248, \$621,029) and will aid in reconciliation as well as reporting to the state.


Department Head

6/18/25
Date


Director of Finance

6/18/25
Date


Mayor

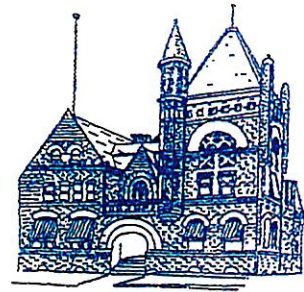
6/18/25
Date

City Council (if over \$500)

Date



COMMUNICATION ^F
Office of the Mayor
City of West Haven
355 Main Street
West Haven, Connecticut 06516



City Hall
1896-1968

Dorinda Borer
Mayor

Rick Spreyer
Chief of Staff

6/17/2025

To the members of the Council:

It is my pleasure to recommend Paula Cappuccia, RN, for appointment to the West Haven Seniors Commission. The members of the board had the opportunity to meet with Paula during the recent meeting on June 10th, and they were immediately impressed by her thoughtful engagement, professionalism, and genuine interest in serving the senior community of West Haven.

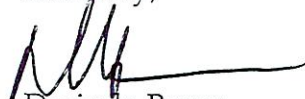
Paula brings with her a wealth of experience as a Registered Nurse, as well as a clear passion for advocacy, community involvement, and improving services for our elderly population. Her background includes retiring as a Director of Health for University of New Haven that would greatly benefit the work of the Commission. She has already expressed a willingness to contribute her time and expertise to help move important initiatives forward.

In addition to her professional qualifications, Paula's warm demeanor and collaborative spirit stood out during the meeting. She expressed appreciation for the welcoming atmosphere provided by our current commissioners and city staff and is eager to contribute to that same environment as a member of the board.

I am confident Paula will be a committed and compassionate addition to the Seniors Commission. I wholeheartedly support her appointment and believe she will bring both heart and insight to this important work.

Should you have any questions or need further information, please feel free to contact me.

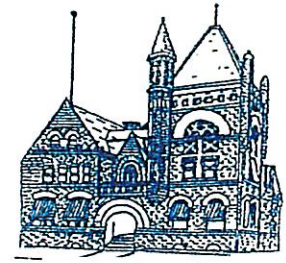
Sincerely,


Dorinda Borer
Mayor



COMMUNICATION Office of the Mayor

City of West Haven
355 Main Street
West Haven, Connecticut 06516



City Hall
1896-1968

Dorinda Borer
Mayor

June 16, 2025

Mr. Nicholas Pascale
Chairman, West Haven City Council
355 Main Street, 3rd Floor
West Haven, CT 06516

Dear Mr. Pascale,

I am pleased to submit for the West Haven City Council's consideration a request that the City of West Haven (the "City") sell the following two (2) properties to the West Haven Housing Authority, d/b/a Savin Rock Communities, Inc. ("SRC") for fifty thousand dollars (\$50,000):

- A 0.25-acre property located at 1185 Campbell Avenue with a City map/lot designation of map 60 and lot 124; and
- A 0.18-acre property located at 1189 Campbell Avenue with a City map/lot designation of map 60 and lot 122.

These two properties border the driveway of 1187 Campbell Avenue which is also known as "The John Prete Building". In addition to ensuring that the property remains clean and generating one-time revenue for fiscal purposes, SRC has agreed to placing a deed restriction on both properties, which will require SRC to preserve both properties as "Open Space" for as long as it owns them.

Thank you for considering this request at your earliest convenience. Please let me know if you or your colleagues have any questions or need further information from me or any members of my administration prior to considering this request. In the meantime, I respectfully would ask that you promptly refer this request to the West Haven Planning & Zoning Commission for an advisory report which I understand you will need, pursuant to Connecticut General Statutes Section 8-24, to consider fully my request at an upcoming City Council meeting.

Sincerely,

Dorinda Borer

Cc: Michael Ajello, Deputy Corporation Counsel
Stephen Fontana, Director of Economic Development
File

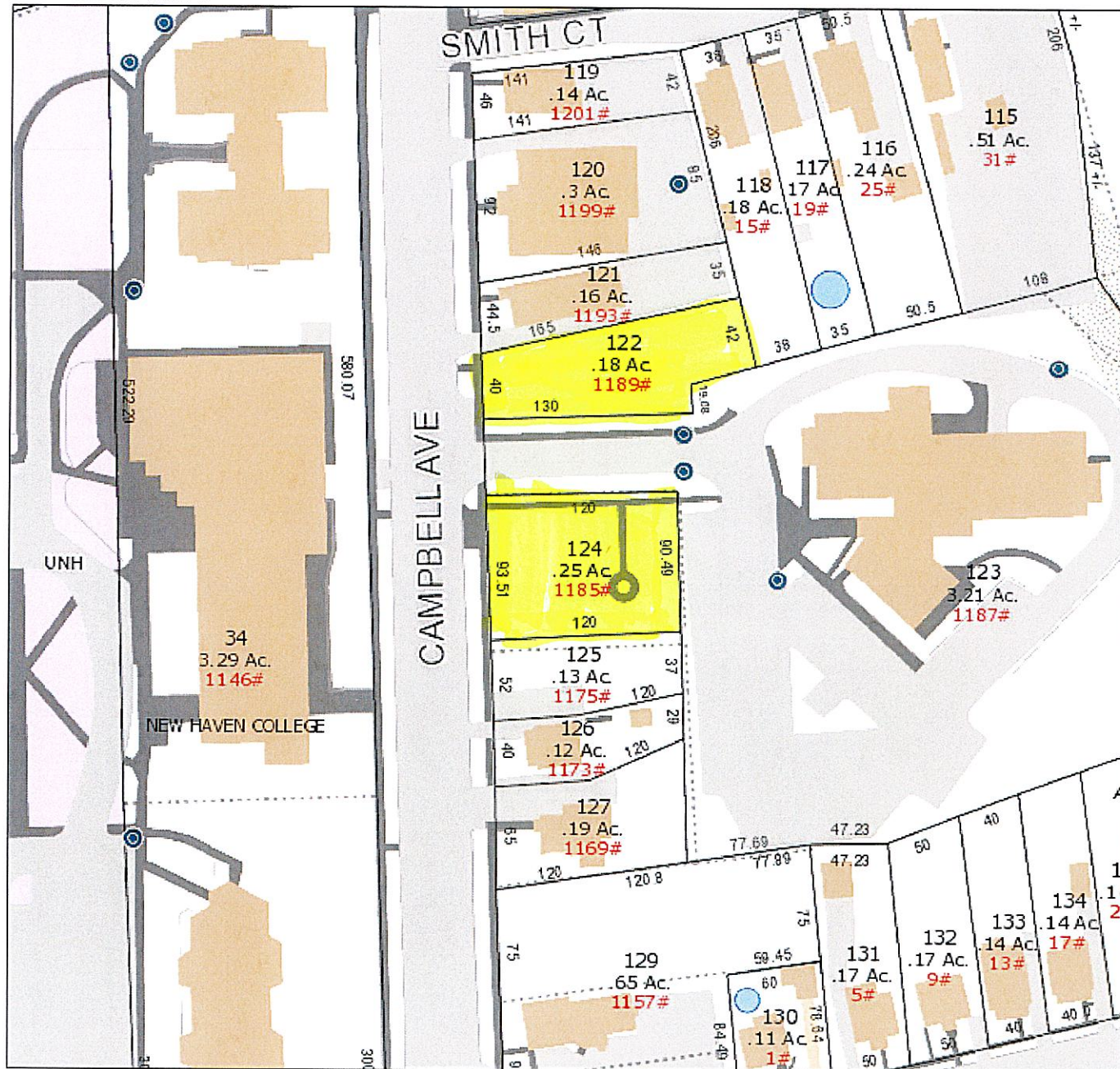
Telephone: 203-937-3740

City of West Haven

Geographic Information System (GIS)



Date Printed: 6/17/2025



MAP DISCLAIMER - NOTICE OF LIABILITY

This map is for assessment purposes only. It is not for legal description or conveyances. All information is subject to verification by any user. The City of West Haven and its mapping contractors assume no legal responsibility for the information contained herein.

Approximate Scale: 1 inch = 100 feet

0 100 Feet





City of West Haven, CT

Property Listing Report

Map Block Lot

060-0124-0-0000

Building # 1

Section # 1

Account

00043017

Property Information

Property Location	1185 CAMPBELL AV
Owner	WEST HAVEN CITY OF
Co-Owner	
Mailing Address	355 MAIN ST WESTHAVEN CT 06516
Land Use	903V MUNICIPAL MDL-00
Land Class	E
Zoning Code	RCPD
Census Tract	

Neighborhood	
Acreage	0.25
Utilities	
Lot Setting/Desc	
Additional Info	

Photo



Sketch



Primary Construction Details

Year Built	0
Stories	
Building Style	UNKNOWN
Building Use	Vacant
Building Condition	
Occupancy	
Extra Fixtures	0
Bath Style	NA
Kitchen Style	NA
AC Type	
Heating Type	
Heating Fuel	

Bedrooms	0
Full Bathrooms	0
Half Bathrooms	0
Total Rooms	0
Roof Style	
Roof Cover	
Interior Floors 1	
Interior Floors 2	
Exterior Walls	
Exterior Walls 2	NA
Interior Walls	
Interior Walls 2	NA

(*Industrial / Commercial Details)

Building Desc.	MUNICIPAL MDL-00
Building Grade	NA
Heat / AC	NA
Frame Type	NA
Baths / Plumbing	NA
Ceiling / Wall	NA
Rooms / Prtns	NA
Wall Height	NA
First Floor Use	NA



00043017



City of West Haven, CT

Property Listing Report

Map Block Lot

060-0122-0-0000

Building # 1

Section # 1

Account

00043018

Property Information

Property Location	1189 CAMPBELL AV
Owner	WEST HAVEN CITY OF
Co-Owner	
Mailing Address	355 MAIN ST WEST HAVEN CT 06516
Land Use	903V MUNICIPAL MDL-00
Land Class	E
Zoning Code	RCPD
Census Tract	

Neighborhood	C700
Acreage	0.18
Utilities	Public Water,Public Sewer,Gas
Lot Setting/Desc	Level
Additional Info	

Primary Construction Details

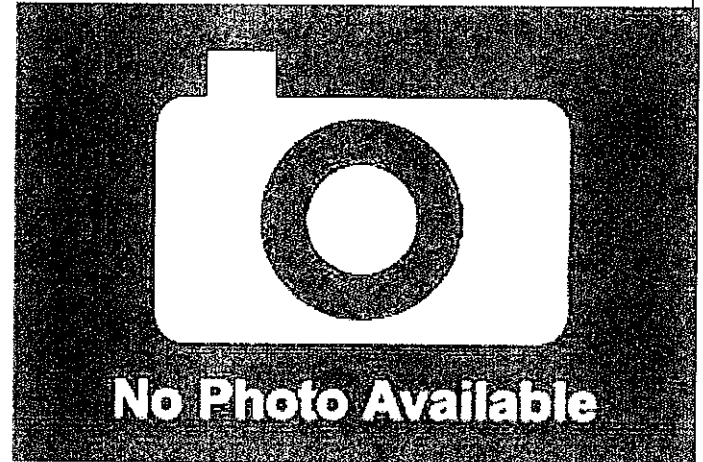
Year Built	0
Stories	
Building Style	UNKNOWN
Building Use	Vacant
Building Condition	
Occupancy	
Extra Fixtures	0
Bath Style	NA
Kitchen Style	NA
AC Type	
Heating Type	
Heating Fuel	

Bedrooms	0
Full Bathrooms	0
Half Bathrooms	0
Total Rooms	0
Roof Style	
Roof Cover	
Interior Floors 1	
Interior Floors 2	
Exterior Walls	
Exterior Walls 2	NA
Interior Walls	
Interior Walls 2	NA

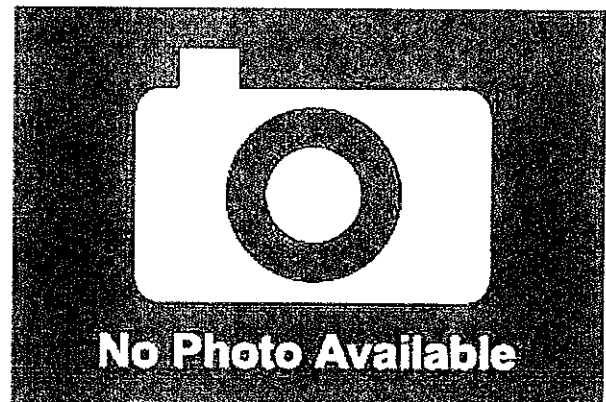
(*Industrial / Commercial Details)

Building Desc.	MUNICIPAL MDL-00
Building Grade	NA
Heat / AC	NA
Frame Type	NA
Baths / Plumbing	NA
Ceiling / Wall	NA
Rooms / Prtns	NA
Wall Height	NA
First Floor Use	NA

Photo



Sketch





00043018

AGREEMENT made on the ____ day of _____, 2025, by and among the **CITY OF WEST HAVEN** a Municipal Corporation with a place of business in West Haven, Connecticut hereinafter referred to as the SELLER, and **JOHN PRETE APARTMENTS, LLC**, a Connecticut limited liability corporation with place of business in West Haven, Connecticut, hereinafter referred to as PURCHASER.

WITNESSETH:

1. PREMISES: The Seller hereby agrees to sell and convey, and the Purchaser hereby agrees to purchase, the real property known as **1185 Campbell Avenue, West Haven, Connecticut**, and **1189 Campbell Avenue, West Haven, Connecticut**. The legal description of the Premises is annexed hereto as Schedule “A”, attached hereto and incorporated by reference herein.

2. PRICE: The purchase price for the Premises is **Fifty Thousand (\$50,000.00) Dollars** which the Purchaser agrees to pay at the time of Closing, simultaneously with the transfer of title and delivery of the deed. As additional compensation, the Buyer agrees to a deed restriction keeping the use of the two (2) properties as “Open Space” for as long as the Buyer owns the property.

3. CONVEYANCE: The deed of conveyance to the Premises shall be in the form of a full covenant and Warranty Deed in the usual Connecticut form, which shall be duly executed, acknowledged and delivered, all at the Seller's expense, conveying the fee simple title in and to the Premises to the Purchaser, free and clear of all encumbrances, liens, and exceptions to title other than those set forth in Paragraph 12 hereof.

4. ADJUSTMENTS: Taxes and other municipal charges, if any, are to be apportioned, as on the date of the delivery of the deed according to the prevailing custom of the New Haven County Bar Association.

5. TITLE DEFECTS: It is further understood and agreed that if, on the date herein set forth the closing of the title, the Seller shall be unable to convey the title to the Premises to the Purchaser free and clear of encumbrances, liens or exceptions to title other than those aforesaid, then, and in that event, the Seller shall have a further period of thirty (30) days within which to perfect title. If, at the end of said period, Seller is still unable to convey title to the Premises free and clear of all encumbrances, liens or exceptions to title except as aforesaid, the Purchaser may elect to accept such titles as the Seller can convey, upon the payment of the aforesaid purchase price, or may reject the deed conveying such title on that ground. Upon such rejection, all sums paid on account hereof without interest thereon shall

be repaid to the Purchaser and Purchaser shall have no other claims against the Seller. Upon receipt of such payments by Purchaser, this Agreement shall terminate and become null and void and the parties hereto shall be released and discharged of all further claims and obligations, each to the other, hereunder.

6. CONDITION OF PREMISES: It is agreed and understood that the premises is being sold in “AS IS” condition except as hereinafter stated.

7. CLOSING DATE/DOCUMENTS: The closing of title shall take place at the City of West Haven, Office of the Corporation Counsel, 355 Main Street, West Haven, Connecticut within thirty (30) days from the execution of this Agreement or on such other date as may be mutually agreed upon by the parties hereto, at which time the deed shall be delivered upon receipt of the payment due hereunder.

8. SELLER OBLIGATIONS:

(a) Seller will provide evidence of its power and authority to enter into this Agreement and to execute and deliver all instruments and documents necessary to consummate the transactions described in this Agreement.

(b) Seller will provide such disclosures and reports as are required from a seller by applicable and local law in connection with the conveyance of real property.

(c) Seller will provide a certification that no party other than Purchaser has any right or option to purchase all or any portion of the Property.

(d) Risk of loss or damage to the Property by fire or any other casualty shall be borne by Seller in advance of Closing. Seller shall keep in full force and effect any policies of insurance with respect to the Property providing at least as extensive coverage as that currently in effect.

9. BROKERAGE: The parties represent that no agent or broker participated in the negotiation or sale of the Premises. Seller shall be solely responsible for any brokerage fees associated with this sale. Purchaser will indemnify and hold harmless the Seller from any claim of an agent or broker, where such claim is based upon such agent having brought the Premises to the attention of the Purchaser.

10. EXCEPTIONS TO TITLE: The Premises will be conveyed subject to:

(a) Zoning and building regulations, any and all provisions of any ordinance, governmental regulations or public or private law affecting the Premises, provided there are no violations thereof at the time of closing.

(b) Payment in lieu of taxes due the City of West Haven which become due and payable after the date of the delivery of the deed, which taxes the Purchaser will assume and agree to pay as part of the consideration for the deed.

(c) Public improvement assessments, and/or any unpaid installments thereof, which assessments and/or installments become due and payable after the date of the delivery of the deed, which assessments and/or installments the Purchaser will assume and agrees to pay as part of the consideration for the deed.

(d) Such easements, rights of way, restrictive covenants, declarations or reservations, as of record may appear, provided that same do not render the title to the Premises unmarketable and provided further that there are no existing violations of same as of the date of closing.

11. AFFIDAVITS: The Seller agrees to execute at the time of closing of title, an affidavit (a) verifying the non-existence of mechanics' and materialmen's liens, (b) verifying the non-existence of any security interest in any personality and fixtures being sold with the Premises, (c) that the Seller has no notice of any facts or circumstances not of record which could give rise to the claim of any third party to rights of adverse possession or use over the premises or any part thereof in derogation of Seller's title, and (d) to the extent of Seller's knowledge, updating any available survey.

12. DEFAULT: In the event either party breaches this agreement and the closing is not consummated by reason of default by either party, the non-defaulting may enforce its rights in a Court of competent jurisdiction and said party, if it prevails, shall be entitled to reasonable attorney's fees and costs.

13. BINDING AGREEMENT: It is understood and agreed that this written Agreement constitutes the entire contract between parties hereto, and that no oral statements or promises, and no understanding not embodied in this writing, shall be valid or binding.

14. GENDER: Wherever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

15. MISCELLANEOUS: this Agreement may be executed in multiple counterparts, is to be construed in accordance with the laws of the Connecticut and is binding upon and inures to the benefit of the Parties hereto and their respective heirs, successors and assigns. The captions used are not to be considered a part of this Agreement or to be used in determining intent of the Parties.

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands and seals on the date and in the year hereinbefore indicated.

IN THE PRESENCE OF:

SELLER:
The City of West Haven

By: _____
Dorinda Borer
Its: Mayor
Duly Authorized

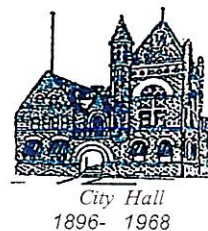
PURCHASER:
John Prete Apartments, LLC

By: _____
John P. Counter, President
Savin Rock Communities, Inc.
Its: Sole Managing Member
Duly Authorized

COMMUNICATION **H**



Office of the Corporation Counsel
City of West Haven, Connecticut



Corporation Counsel
Paul J. Dorsi

Deputy Corporation Counsel
Michael J. Ajello

Deputy Corporation Counsel
Michael Todd Taylor

Assistant Corporation Counsel
Timothy Prior Gunning

June 17, 2025

Nicholas Pascale, Chairman
City Council
City of West Haven

Re: Offer by Owner to Accept Title to 164 Roosevelt Avenue, West Haven, Connecticut

Dear Chairman Pascale,

I would like the above matter to be placed on the City Council's Agenda for the June 23, 2025, Regular Meeting.

The City has received an offer to transfer title from the current owners to the City of West Haven for the real property located at 164 Roosevelt Avenue in West Haven, Connecticut. This is a vacant lot consisting of .07 acres, which is land locked.

The owners have indicated that they are offering the vacant lot to the City because they can no longer pay the taxes and insurance on the property.

Please have this matter placed on the next agenda so the City Council can decide whether to accept the offer, or not.

Thank you,

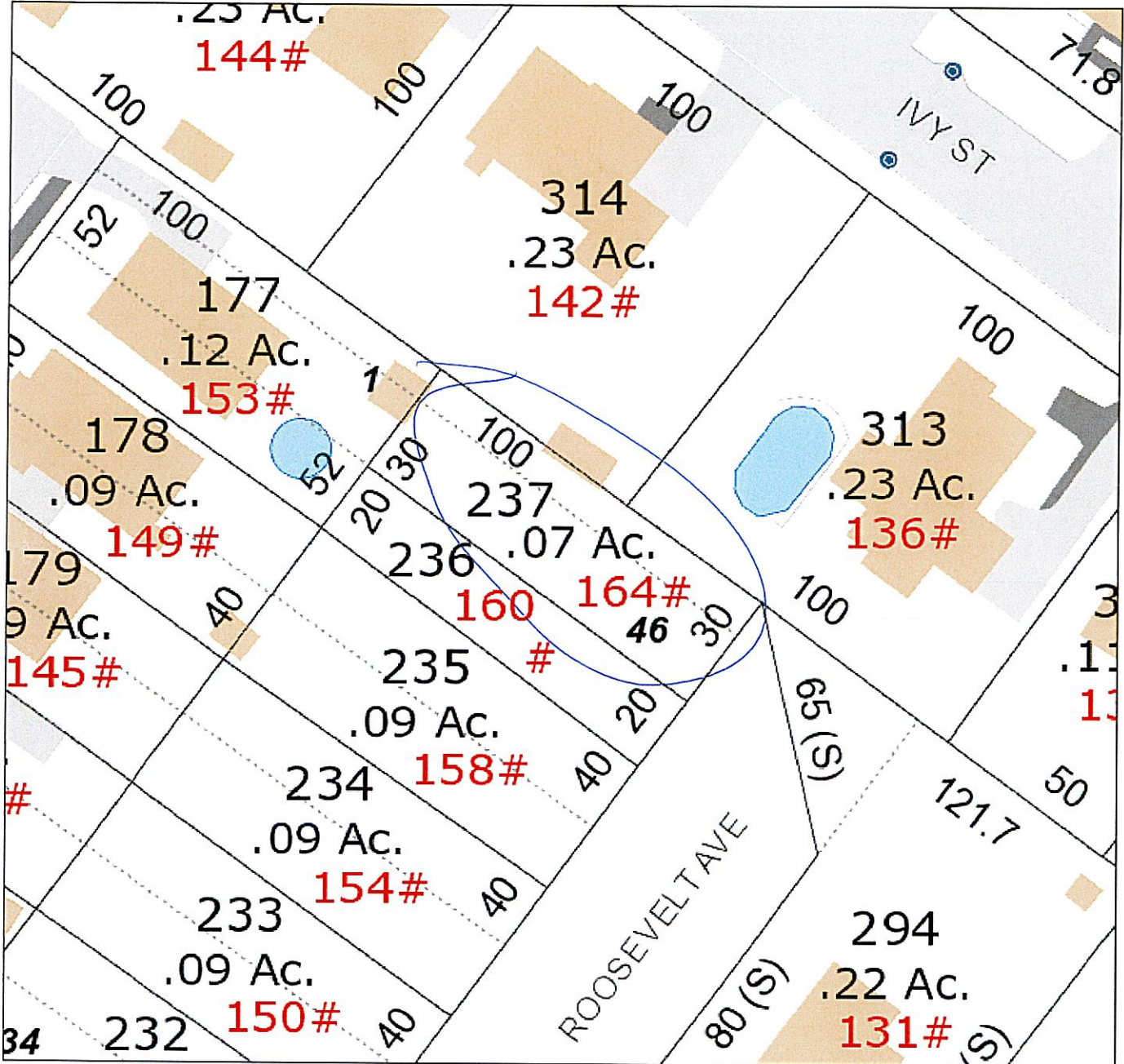
Michael J. Ajello
Deputy Corporation Counsel



355 Main Street, West Haven, CT 06516
Telephone: 203-937-3600 • Facsimile: 203-937-3616



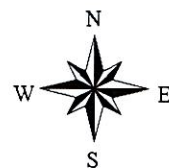
Date Printed: 6/10/2025



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Approximate Scale: 1 inch = 40 feet



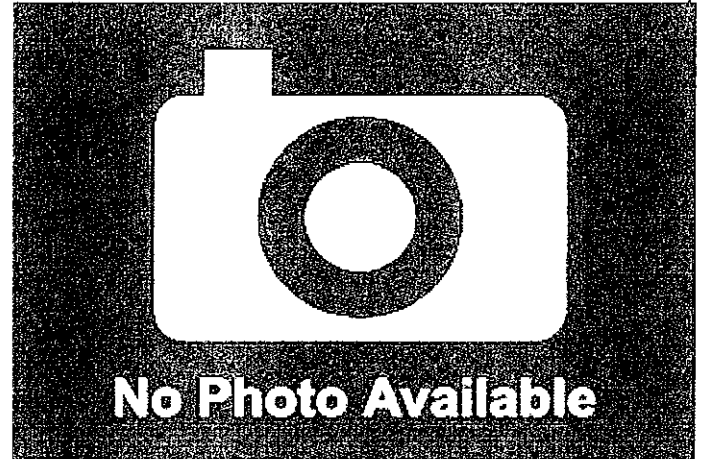


Property Information

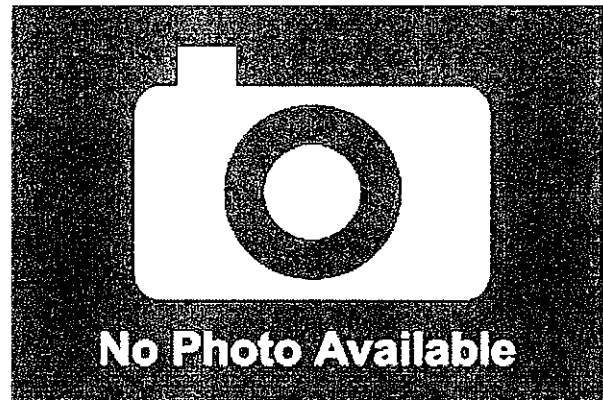
Property Location	164 ROOSEVELT AV
Owner	CHAPPINE DONNAMARIE M & LIMAURO MARINO A JR 1/2 INT FA
Co-Owner	
Mailing Address	2111 LITTLE MEADOW RD GUILFORD CT 06437
Land Use	1320 UNBLD VAC
Land Class	R
Zoning Code	R2
Census Tract	

Neighborhood	
Acreage	0.07
Utilities	
Lot Setting/Desc	Suburban Rolling
Additional Info	

Photo



Sketch



Primary Construction Details

Year Built	0
Stories	
Building Style	UNKNOWN
Building Use	Vacant
Building Condition	
Occupancy	
Extra Fixtures	0
Bath Style	NA
Kitchen Style	NA
AC Type	
Heating Type	
Heating Fuel	

Bedrooms	0
Full Bathrooms	0
Half Bathrooms	0
Total Rooms	0
Roof Style	
Roof Cover	
Interior Floors 1	
Interior Floors 2	
Exterior Walls	
Exterior Walls 2	NA
Interior Walls	
Interior Walls 2	NA

(*Industrial / Commercial Details)

Building Desc.	UNBLD VAC
Building Grade	NA
Heat / AC	NA
Frame Type	NA
Baths / Plumbing	NA
Ceiling / Wall	NA
Rooms / Ptns	NA
Wall Height	NA
First Floor Use	NA

City of West Haven, CT

Property Listing Report

Map Block Lot

014-0237-0-0000

Building # 1

Section # 1

Account

00008584

Valuation Summary			Sub Areas		
(Assessed value = 70% of Appraised Value)					
Item	Appraised	Assessed	Subarea Type	Gross Area (sq ft)	Living Area (sq ft)
Buildings	0	0			
Extras	0	0			
Improvements					
Outbuildings	0	0			
Land	15300	10710			
Total	15300	10710			
Outbuilding and Extra Features					
		</			

Sales History

Owner of Record	Book/ Page	Sale Date	Sale Price
CHAPPINE DONNAMARIE M & LIMAURO MARINO A JR 1/2	1851/1072	2019-11-08	
LIMAURO MARINO A	0422/0437		0