DISABLED
AMERICAN
VETERANS

DISABLED AMERICAN VETERANS

NOONAN – CECCHINI CHAPTER NO. 21

Commander
Thomas Serluca

Adjutant
Kenneth Greenwood

P.O. BOX 1006
NEW LONDON, CONNECTICUT 06320-1006

Date: October 1, 2022
To: Social Services Agencies Funded by the Town of Waterford
From: Disabled American Veterans, Chapter 21
RE: FY 2024 Grant Funding Request

Dear Brandishea Moses,

The Disabled American Veterans Chapter 21 would like to submit a Grant Funding Request for FY2024. As per the Social Services Grant application guidelines, I have included one original and 5 copies of the documents that are required for this funding application.

Thank You for your past support of our non-profit Organization

Sincerely,

Kenneth Greenwood

Kenneth Greenwood, Treasurer/Adjutant of DAV Chapter 21
Email: kengre48@hotmail.com

Cc: Thomas Serluca, Commander DAV Chapter 21

TOWN OF WATERFORD
15 Rope Ferry Road
Waterford, CT 06385
860-442-0553

SOCIAL SERVICES GRANT FUNDING REQUEST

ORGANIZATION NAME: Disabled American Veterans Chapter 21

REQUEST DATE (FISCAL YEAR): 2024

REQUESTED AMOUNT: $ 250.00

BENEFIT STATEMENT (Describe how these funds will be used)

Your donation is used to put American Flags, Grave Markers, and Purchasing Wreaths that are placed in the Town of Waterford at three locations, Jordon Village, Waterford Town Hall, and at the Cemetery located on the Boston Post Rd. It is also used to help Disabled American Veterans and their Families that are in Need.

Per Town of Waterford Budget Guidelines: please attach a certified audit report of all funds appropriated during the last completed fiscal year to your funding request.

DECLARATION

I, the requester, understand that I am requesting public funds from the Town of Waterford. I declare that this request does not pose any potential conflict with the Town of Waterford and I will provide any documentation requested by the Town of Waterford to authorize funding this request or review the appropriateness of the request.

Kenneth Greenwood
Signature Treasurer DAV Chapter 21

10/1/2022
Date

Annual Financial Report

Chapter DAV Noonan Cecchini Chapter 21 (Name & Number) Department of Connecticut (Name of State)

Located at New London, Ct (City, State) Accounting Period from July 1, 2021 to June 30, 2022

Cash (Liquid Assets) Report

Beginning Balance $ 4,174.39
(Total Liquid Assets from line 27 of last year's report)

This Year's Gross Income/Receipts (net values are not permitted):

1.	All Funding from National Headquarters	$612.00
2.	Forget-Me-Not Drive Gross Receipts	
3.	Bingo Gross Receipts	
4.	Thrift Store Gross Receipts	
5.	Bar/Lounge Gross Receipts	
6.	Interest and Dividend Income, from Checking, Savings and C.D.s only	6.46
7.	In-kind Donations during Accounting Period *(Attach required schedule)*	
8.	Increase in Market Value of Investments on Line 26 during Accounting Period	
9.	Other Income *(Attach required schedule and legal gifting documents for bequests/trusts)*	622.00
10.	**Total Income** *(Sum of Lines 1 thru 9) (Do not include Beginning Balance amount)*	$1,240.46

*** The report must be reviewed by a certified public accountant if the amount shown on line 10 minus the amounts shown on lines 1 and 7 exceeds $300,000. ***

This Year's Expenses/Disbursements (net values are not permitted):

11.	Administrative Personnel Salaries, Benefits, Payroll Taxes and Payroll Processing Fees *(Attach required schedule)*	$
12.	Conventions/Conferences/Seminars/Meetings *(Attach required schedule listing specific events and amounts)*	
13.	Postage and Office Supplies *(Administrative and non-service related postage & office supplies)*	221.77
14.	Service Expenses *(Complete and attach required Service Expenses Schedule form)*	962.00
15.	Forget-Me-Not Expenses *(All costs associated with drive)*	
16.	Bingo Expenses, including bingo salaries & payroll taxes *(Attach required schedule)*	
17.	Thrift Store Expenses, including thrift store salaries & payroll taxes *(Attach required schedule)*	
18.	Bar/Lounge Expenses, including bar/lounge salaries & payroll taxes *(Attach required schedule)*	
19.	Chapter Home/Department HQ Operational Expenses *(Attach required schedule)*	
20.	Decrease in Market Value of Investments on Line 26 during Accounting Period	
21.	Other Expenses *(Attach required schedule)*	776.92
22.	**Total Expenses** *(Sum of Lines 11 thru 21)*	$1,960.69

Ending Balance $ 3,454.16
(Beginning Balance plus Line 10 minus Line 22)

Statement of Liquid Assets:

Liquid assets are those assets which are readily convertible to cash, and do not include real or physical property such as real estate or furniture and fixtures. If applicable, complete and attach Other Assets Schedule form (901332-Rev. 8/21) to this report.

23.	Checking Accounts *(Attach copy of bank statement)* $ 3,454.16 + Cash on Hand $ _____ =	$3,454.16
24.	Savings Accounts *(Attach copy of bank statement)*	
25.	Certificates of Deposit *(Attach copy of bank statement or letter from financial institution verifying value)*	3,499.20
26.	Market Value of Investments as of End of Accounting Period *(Attach copy of investment statement)*	
27.	**Total Liquid Assets** *(Sum of Lines 23 thru 26) (Must equal amount on Ending Balance Line)*	$6,953.36

Name of Bank(s) and Local Branch Location(s) Liberty Bank, Waterford,Ct 06385

Names of Authorized Signers on Bank Account(s) Kenneth Greenwood, Thomas Serluca

SIGNED *by audit committee (three members)*
(Must not include commander, sr. vice commander, treasurer, adjutant or finance chairperson)

Audit Committee Member Signature & Membership Number

Audit Committee Member Signature & Membership Number

Audit Committee Member Signature & Membership Number

8/4/2022
Date

SIGNED & SUBMITTED *by department/chapter treasurer*

Treasurer Signature

Treasurer
Title

08/04/2022
Date

This form is required to be submitted annually by the National Constitution and Bylaws Article 8, Section 8.4, Article 9, Section 9.3 and Article 10, Section 10.1. If gross receipts of chapter, excluding dues per capita, are less than $25,000, submit report to state department only.

Service Expenses Schedule (for Line 14)

Important Notice to all Departments and Chapters:

This form must be completed as an itemized schedule for **Line 14** under the "Expenses/Disbursements" section of the financial report and **attached as an addendum to the report.** Alterations and/or grouping of these lines are not acceptable. Please group supporting documentation by category, staple and clearly label with title of corresponding line.

	Amount
Donations to VA Medical Centers (attach schedule listing name of VAMC, reason for expense/donation, and amount and copy of recognition letter from VAMC):	$
Donations to State Veterans Homes and Patients (attach schedule listing name of facility, reason for expense/donation, and amount and copy of recognition letter from facility):	
Donations to the Columbia Trust (attach copy of recognition letter from Trust, which may be requested at NSF@dav.org, or copy of canceled check):	
Donations to the National Service Foundation (attach copy of recognition letter from Trust, which may be requested at NSF@dav.org, or copy of canceled check):	
DAV Transportation Network Vehicle Grant Program (payments made directly to Trust for Program):	
VAVS Programs (attach schedule of each program by facility and total program expense for each. If service was in form of donation, attach a copy of recognition letter from facility):	
Service Programs (attach schedule listing name of organization, name of program and total program expense for each and a copy of recognition letter from organization. If department/chapter-operated program, list program name and total program expense and attach copies of receipts substantiating total expense):	962.00
Service Office/Officer Expenses (attach schedule listing reasons for expenses with total amount stated for each category):	221.77
Service Officer Salaries and Benefits (attach schedule listing name and total salary and benefits for each):	
Hospital Service Coordinators Salaries, Benefits & Expenses (attach schedule listing name and total salary and benefits of each, and all other related expenses):	
Direct Assistance to Needy Veterans & Families (attach schedule listing veteran name, reason for grant/assistance, and amount and copy of Financial Assistance Form, if using):	
Publication of Newsletters/Periodicals (devoted to providing service/VA benefits/membership information):	
In-kind Donations (attach schedule listing recipient's first and last name, item donated and estimated value of each):	
Other Service Expenses (attach schedule listing the reasons for expenses/disbursements with the total amount stated for each category. If service was in form of donation, attach copy of recognition letter from recipient):	776.92
Total Amount of Line 14 Expenses (this figure must equal the amount reported on Line 14 of Annual Financial Report):	~~$0.00~~ 1960.69

Email to National Headquarters: AFRInfo@dav.org | Send a copy to your DAV state department (see instructions).

Other Assets Schedule

Important Notice to all Departments and Chapters:

This form is to be used to report all **fixed assets.** Do ***not*** include any cash/liquid assets on this form. Please be prepared to substantiate the reported assets with supporting documentation.

Real Estate: If more than two properties are owned, attach list showing the required information for **each** additional property. **Rented or leased property that is not titled in the department/chapter name or affiliated entity (e.g. thrift store) should not be listed.**

Address/location of property:

None

Address/location of property:

Date of acquisition/purchase of property:

Date of acquisition/purchase of property:

Current market value as of June 30, including land, buildings and market improvements:

$

Current market value as of June 30, including land, buildings and market improvements:

$

Loan Information: Current balance of ***any*** loan in the department/chapter name or affiliated entity name as of June 30, including name and address of lending institution:

$ None
(Loan Balance)

(Lender's Name and Complete Address)

Furniture/Equipment:

None
(Provide brief descriptions, for example, desks, chairs, computers, stove)

$
Total Estimated Market Value as of June 30

Vehicles (Automobiles, Trucks, Vans, Trailers):

None
(Provide year, make and model)

$
Total Estimated Market Value as of June 30

Inventory/Miscellaneous:

None
(Provide brief descriptions, for example, flags, office supplies)

$
Total Estimated Market Value as of June 30

Email to National Headquarters: AFRInfo@dav.org | Send a copy to your DAV state department (see instructions).

NOONAN CECCINI CHAPTER 21 ANNUAL REPORT 2020-2021

ITEMIZED INCOME JUSTIFICATION

Item No.	DESCRIPTON	AMOUNT	TOTAL
Item # 1	DUES (Per capita from National HQ)	$ 612.00	
	Total Dues (line item 1)		$ 612.00
Item # 6	Interest from CD (line item 6)	$ 6.46	$ 6.46
Item # 9	**DONATIONS (OTHER INCOME (line item 9)**		
	Stop and Shop Donation	$ 122.00	
	Town of Waterford	$ 500.00	
	Total Donations	$ 622.00	$ 622.00
Item # 10	**TOTAL INCOME**		$ 1,240.46

NOONAN CECCHINI CHAPTER 21 ANNUAL REPORT 2021-2022

ITEMIZED EXPENSE JUSTIFICATION

DATE	Check #	DESCRIPTION	AMOUNT	TOTAL
Item 13		Postage and Office Expenses (line 13)		
1/18/2022	787	US Postal Service PO Box Renewal	$ 166.00	
8/4/2021		Harland Checks	$ 55.77	
		Total Postage and Office Expenses	**$ 221.77**	**$ 221.77**
Item 14		**SERVICE/CHARITY EXPENSES (line 14)**		
8/10/2021	800	Montville Florist memorial day wreafhs	$ 210.00	
2/28/2022	856	Eric Anderson transportation provided for veteran to medical facility	$ 350.00	
5/11/2022	858	Donation to Gordon Lake shores Assoc. for park use for meetings during covid	$ 55.00	
5/3/2022	857	Montville Florist fruit basket for member in distress	$ 63.00	
5/25/2022	860	John Disantis - Mileage reimbusement service officer training	$ 50.00	
6/17/2022	861	Montville Florist memorial day wreafhs	$ 234.00	
		TOTAL CHARITY EXPENSES	**$ 962.00**	**$ 962.00**
Item 19		OTHER EXPENSES - Meals/Member Dinners (line item 19)		
7/6/2021	779	Crown Pizza- monthly. Meeting	$ 28.96	
8/1/2021	851	Thomas Serluca reimbursement for food at members cook out	$ 300.00	
10/7/2021	852	Crown Pizza- monthly. meeting	$ 30.58	
10/4/2021	853	Crown Pizza- monthly. Meeting	$ 35.95	
1/6/2022	854	Crown Pizza- monthly. Meeting	$ 30.58	
5/5/2022	859	Crown Pizza- monthly. meeting	$ 30.58	
6/21/2022	862	Kenneth Greenwood reimbursement ddor food at members cook out	$ 320.27	
		TOTAL MEALS/MEMBERS DINNERS	**$ 776.92**	**$ 776.92**
		TOTAL All EXPENSES		**$ 1,960.69**

LIBERTY BANK

315 Main Street, Middletown, CT 06457
RETURN SERVICE REQUESTED

Liberty Customer Service
(888) 570-0773
liberty-bank.com
MEMBER FDIC
EQUAL HOUSING LENDER NMLS #459023

Account Number: xxxxxxxx5559
Statement Date: Jun 01, 2022 thru Jun 30, 2022

NOONAN CECCHINI CHAPTER 21 INC
PO BOX 1006
NEW LONDON CT 06320-1006

Summary - All Accounts

Product	Account #	Ending Balance
Small Business Checking	xxxxxxxx5559	$3,454.16
1 Year CD	xxxxxxxx5540	$3,499.20

Small Business Checking - xxxxxxxx5559

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			**$4,008.00**
Jun 30	Total Deposits		0.43	
Jun 30	Total Withdrawals	554.27		
	ENDING BALANCE			**$3,454.16**

Deposits and Credits

Date	Transaction Description	Amount
Jun 30	Eff. 07-01 Deposit Interest Transfer from *5540 TD	0.43

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
861	Jun 28 ❑	234.00	862	Jun 21 ❑	320.27			

Number of Checks: 2 * Indicates a skip in sequence e Indicates an electronic check

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Account Number: xxxxxxxx5559
Statement Date: Jun 01, 2022 thru Jun 30, 2022

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 01, 2022	4,008.00	0.43	0.00	554.27	0.00	3,454.16

1 Year CD - xxxxxxxx5540

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			**$3,499.20**
Jun 30	Credit Interest		0.43	3,499.63
Jun 30	Eff. 07-01 Withdrawal Interest Transfer to *5559 - CK	-0.43		3,499.20
	ENDING BALANCE			**$3,499.20**

NOONAN CECCHINI CHAPTER 21 INC.
BUILDING FUND

Interest Summary

Avg. Daily Balance	Min. Balance for Period	Interest Period	Days in Period	Interest Earned	Annual Percentage Yield Earned	Interest Paid YTD
3,499.20	3,499.20	Jun 01, 2022 - Jun 30, 2022	30	0.43	0.15%	2.61

Interest Rate Summary

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
Nov 02	0.15%						

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jun 01, 2022	3,499.20	0.00	0.43	0.43	0.00	3,499.20

Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxxx5559	Small Business Checking			$3,454.16
xxxxxxxx5540	1 Year CD	Nov 02, 2022	0.15%	$3,499.20

DAV NOONAN CECCHINI CHAPTER 21 PROPOSED BUDGET (INCOME FY 07/01/2022-06/30/2023)

Prepared by Kenneth Greenwood, Treasurer/Adjutant DAV Chapter 21

PROPOSED INCOME (Itemized Breakdown)	AMOUNT	TOTAL	As of 10/01/2022 CURRENT FISCAL YEAR INCOME
DUES (Per capita from National HQ)	$ 606.00		
Total Dues Received		$ 606.00	$ 606.00
Interest from CD (line item 6)	$ 7.00	$ 7.00	$ 1.52
Donations			
Groton Stop and Shop Donation (Save a Bag Program twice annually)	$ 350.00		$ 196.00
Town of Waterford (social service grant)	$ 250.00		PENDING RELEASE
Private donation from East Lyme Resident	$ 2,000.00		$ 2,000.00
Total Donations		$ 2,600.00	
*No active Donations from other Municipalities			
TOTAL PROPOSED INCOME		$ 3,213.00	$ 2,803.52

DAV NOONAN CECCHINI CHAPTER 21 PROPOSED BUDGET (EXPENSES FY 07/01/2022-06/30/2023)

PROPOSED EXPENSES (Itemized Breakdown)	AMOUNT	SUB TOTALS	As of 10/01/2022 CURRENT YEAR EXPENDITURES
Postage and Office Expenses			
US Postal Service annual PO Box Renewal	$ 166.00		$ -
Office expense	$ 100.00		$ -
Total Postage and Office Expenses	$ 266.00	$ 266.00	$ -
SERVICE/CHARITY EXPENSES			
Montville Florist memorial day wreafhs	$ 235.00		$ -
Outreach to disabled veterans in need (financial aid for utility bill payments etc.)	$ 700.00		$ -
Montville Florist fruit baskets for DAV members in distress	$ 100.00		$ -
Mileage reimbusement service officer travel	$ 75.00		$ -
Donation to VFW for use of their facility for monthly meetings	$ 150.00		$ -
TOTAL CHARITY EXPENSES	$ 1,260.00	$ 1,260.00	$ -

OTHER EXPENSES - Meals/Member Dinners	AMOUNT	SUB TOTALS	As of 10/01/2022 CURRENT YEAR EXPENDITURES
Pizza served at monthly Meeting	$ 360.00		$ 73.93
Annual dinner for DAV members	$ 900.00		
Barbecue/ Cook Outs for DAV Members	$ 400.00		$ 153.98
TOTAL MEALS/MEMBERS DINNERS	$ 1,660.00	$ 1,660.00	$ 227.91

TOTAL PROPOSED EXPENSES	$ 3,186.00

DAV NOONAN CECCINI CHAPTER 21 PROPOSED BUDGET SUMMARY FY 07/01/ 2022- 06/30/2023

Beginning Balance 07/01/2022 $ 4,174.39

BUDGET Summary	AMOUNT	SUBTOTAL	As of 10/01/2022 CURRENT YEAR BUDGET
1. Total Dues (per capita from DAV National HQ)	$ 606.00		$ 606.00
6. Interest on CD	$ 7.00		$ 1.52
9. Other Income DONATIONS	$ 2,600.00		$ 2,196.00
10 Total Income	$ 3,213.00	$ 3,213.00	$ 2,803.52

EXPENSES OR DISPURSEMENTS	AMOUNT	SUBTOTAL	As of 10/01/2022 CURRENT YEAR BUDGET
13. PO Box Renewal/Office expenses	$ 266.00		
14 Service/Charitable Expenses	$ 1,260.00		
19 Meals -DAV Membership Meetings, Barbeques,Dinners	$ 1,660.00		$ 271.91
22. Total Expenses	$ 3,186.00	$ 3,186.00	$ 227.91

Actual Beginning balance 07/01/2022	$ 3,454.16		
Income (line 10)	$ 3,213.00		
Total (Beginning Balance + Income)	$ 6,667.16		
Line 22 (subtracted from Total)	$ 3,186.00		
Proposed Ending Balance 06/30/23	$ 3,481.16		