

FY 2018 CHEFA Client Grant Program Application Portal

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* Required

Request for Proposals

RFP Release Date: September 20, 2017
Application Deadline: October 20, 2017
Awards Announcement: January 18, 2018

Contact: Betty Sugerman Weintraub, Grant Program Manager
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Phone: 860-761-8428

The Connecticut Health and Educational Facilities Authority (CHEFA) established the Client Grant Program to provide financial assistance to CHEFA clients that serve Connecticut citizens. This program was made possible through the fiscally responsible management of the Authority by CHEFA executive staff and Board of Directors, and involves no State funds. We thank our Board members for their thoughtful stewardship of CHEFA resources and continuing efforts to assist nonprofits in our state.

Awards

Grant requests must range from \$5,000 up to a maximum of \$75,000 for capital projects/ purchases or program grants that begin on February 14, 2018 and end on or before March 1, 2019. The CHEFA Board of Directors reserves the right to award less than any applicant's requested amount. Grant funds are subject to funding availability.

Projected Timeline

RFP ReleasedSeptember 20, 2017
Application Deadline October 20, 2017
Awards announcement January 18, 2018
Payment of grants Approximately February 14, 2018
Grant periods February 14, 2018-March 1, 2019

Focus Areas for This Program

Applications will be strictly limited to capital projects/ purchases or program grants (CHEFA funds must be the only or final funds) directly related to the following sectors: Childcare, Cultural, Educational, and Healthcare.

Selection Criteria

Grantees will be selected based on criteria that includes but is not limited to the: alignment with Authority focus areas for this capital project/purchase or program, need for the capital project/purchase or program, projected impact on the target population from the grant, applicant organization's need for support, budget information provided, and evidence of effective organizational management.

Eligibility

- Applicant organizations must have current IRS 501(c)(3) tax-exempt designation, or be public educational institutions that are constituent units as defined in C.G.S. §10a-1
- The scope of work for which the grant is requested must be limited to the focus areas defined herein.
- Applicant organizations must not have received a CHEFA Client Grant award in the last three consecutive years.
- Funding is restricted to CAPITAL PROJECTS/PURCHASES OR PROGRAMS within Connecticut.
- Clients will have had an outstanding bond issue with the Authority during the fiscal year ending June 30, 2017; and only those entities which are substantially in compliance with all the Authority bond issuance documents and are current in any payment due the Authority shall be deemed eligible to participate.

Other Requirements

- Only one application will be accepted from any organization.
- The award of any funding is subject to the discretion of the CHEFA Board of Directors.
- For a period of five years, the capital purchases obtained with CHEFA grant funds may not be transferred, sold, or disposed of without CHEFA consent, and must remain in Connecticut.
- Applicants must fully disclose all pending mergers and acquisitions, state or federal investigations, litigation and executive management changes to the Authority during both the application process and the grant period. During the Statement of Interest process, this information must be included.
- Funds not expended in accordance with the approved budget or subsequent modification during the grant period must be returned to the Authority.
- Modification requests must be made in writing to CHEFA staff at philanthropy@cheffa.com, and should not be requested during the final 60 days of the grant period.
- Interim and Final project reports will be required of each grantee, the form and substance to be fully described upon award notification.
- The grantee must acknowledge the Authority funding support in all press releases, media interviews, and reports on the funded project/program.

What CHEFA Will Not Fund

- Stipends, indirect costs, consultants, benefits or scholarships
- Annual giving, fundraising, or capital campaigns (defined as large campaigns or a portion thereof)
- Debt reduction, endowment funding, fiscal agent proposals, conferences, trips or other one-time events
- Religious institutions other than for their provision of non-sectarian services; and
- Organizations which cannot comply with the provisions of the State of Connecticut General Statutes Sections 4a-60(a) and 4a-60a(a) nondiscrimination requirements applicable to all contracts with Connecticut quasi-public agencies.

INSTRUCTIONS

**PLEASE NOTE THAT THERE IS NO WAY TO PARTIALLY SAVE YOUR WORK ON THIS FORM.
PLEASE COMPLETE IN ONE SITTING.**

Part 1 - Enter information about your organization

Part 2 - Enter information about the capital project/purchase or program for which you are seeking CHEFA Grant Program funding (you may want to compose your Executive Summary, Project Description, and Measurable Outcomes in a separate document and copy and paste to this form)

Part 3 - Financial operations and documentation

Part 4 - State of CT SEEC and Nondiscrimination Forms

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Part 1 - TELL US ABOUT YOUR ORGANIZATION

EIN Number: *

Please enter your EIN Number

IRS Legal Name of the Organization: *

Enter the full name exactly as it appears on your IRS 501 (c) (3) Letter

Phone: *

Organization phone

Fax Number:

Organization Address: *

If mailing address is different than organization address, fill in mailing address below

Mailing Address:

Leave blank if same as above

Year Established: *

Please enter the year (YYYY) your organization was established

Years at Current Location: *

Please enter the number of years your organization has been at its current location

Contact Information

CEO/ED Full Name: *

First Name	Last Name
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CEO/ED Title: *

Please enter the title of the chief executive officer/executive director

CEO/ED Email: *

Contact email

Primary Contact Full Name:

Contact person for this application, if different from the CEO/ED

First Name	Last Name
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Primary Contact Title:

Please enter the title of the primary contact

Primary Contact Email:

Primary Contact Phone:

Area Code	Phone Number
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Employee Information

Number of full-time employees:

Please enter the number of full-time employees

Number of part-time employees:

Please enter the number of part-time employees

Number of volunteers:

Please enter the number of volunteers

Ethnic and Gender Representation

Total Number of Staff: *

Please enter the total number of staff

Number of Staff Minorities: *

Please enter the number of staff minorities

Number of Staff Females: *

Please enter the number of staff females

Total Number of Board Members: *

Please enter the total number of Board members

Number of Board Minorities: *

Please enter the number of minority Board members

Number of Board Females: *

Please enter the number of female Board members

Board Information


How often did your board meet in the past year?: ***Average board attendance?: ***


please enter a percentage

Board of Directors List: *

Please upload your organizations current Board of Directors list

Added Files:

 Add files

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Part 2 - Grant Project Information - Description of the project for which you are seeking CHEFA Grant Program funding. Please ensure your response focuses on the need for the project, number of individuals served by this project, why you need CHEFA funds to undertake it, and provide details regarding the anticipated measurable impact on the targeted population. PLEASE NOTE: THE AMOUNT OF CHARACTERS IS LIMITED FOR BOTH THE EXECUTIVE SUMMARY AND THE FULL DESCRIPTION OF THE REQUEST.

Requested Amount: *

Please enter the amount of your request from CHEFA below, in whole dollar amount. This amount must match your total amount on your project budget form

Formal description of the request: *


Must be ten words or less

Total Project Budget: *

Download the Project Budget Template:

Please download the project budget template


File to Download:

 FY2018_Client_Grant_Project_Budget.docx
(Download)

Upload Total Project Budget: *

Please upload the completed total project budget file

Added Files:

 Add files

 Other upload methods

Number of individuals directly served by this project: *

Enter the number of unduplicated individuals to benefit from your project.

Number of Individuals Served Minorities: *

Please enter the number of individuals served who are minorities

0%

Number of Individuals Served Females: *

Please enter the number of individuals served who are females

0%

Please select the sector that would be served by this grant funding: *

Please select the "best fit" for the project/program, which may be a different sector than the one your organization primarily serves.

Childcare

Cultural

Educational

Healthcare

Grant project location: *

Please select the scope of your project

City/town

County

Statewide

Please enter the primary city/town from above: *

Executive summary: *

Please limit to 640 characters

Full description of your request: *

Please limit to 2,880 characters

Measurable outcomes:

Measurable outcomes expected from this grant, limit to 640 characters

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Part 3 - Financial operations and documentation

Organizations Former Name:

If your organization has a new name, please enter the former name here

Fiscal Year End: *

Please enter the month and day (MM/DD) for the end of your organizations fiscal year

Organization's total annual operating budget: *

Upload the organizations prior year and current year budgets: *

Added Files:

Is your organization exempt from taxation under IRS Section 501(c)(3)?: *

Yes No

Is your organization a public educational institution that is a constituent unit as defined in C.G.S. §10a-1?: *

The most recent letter from the IRS indicating such status must be provided as part of this application. Only tax-exempt organizations under IRS Section 501(c)(3) or public educational institutions that are constituent units as defined in C.G.S. §10a-1 are eligible to apply for funding under this program.



Yes No

Upload the most recent IRS letter:

Added Files:

Upload the most recent Form 990: *

Added Files:

 Add files Other upload methods

Is your organization in good standing with the State of Connecticut and all regulatory authorities?: *

If you answer No, please explain below

Yes No

Good standing No explanation:

Briefly explain why your organization is not in good standing

Has the organization experienced any management changes in the last two years?: *

If you answer Yes, please explain below

Yes No

Management changes Yes explanation:

Briefly explain your organizations management changes in the last two years

Has the organization ever declared bankruptcy?: *

If you answer Yes, please explain below

Yes No

Bankruptcy Yes explanation:

Briefly explain your organizations bankruptcy status

Are any local, State, or federal taxes, or PILOT payments owed by the organization currently past due?: *

If you answer Yes, please explain below

Yes No

Past due taxes or payments Yes explanation:

Briefly explain your organizations past due taxes or payments

Is the organization currently involved in or does it anticipate any litigation or other legal claims?: *

If you answer Yes, please explain below

Yes No

Litigation Yes explanation:

Briefly explain your organizations litigation status

Has any State agency/entity or federal agency/entity taken any action against your organization or principals of the organization?: *

If you answer Yes, please explain below

Yes No

State or Federal Action Yes explanation:

Briefly explain the action taken against your organization or principals

Financial Audits

Has your organization had State Single Audits completed for the most recent two fiscal years?: *

Yes No

If answer to above question is Yes, are these audits available on OPM's website?: *

Yes No


OPM Website:


<https://www.appsvcs.opm.ct.gov/Auditing/Public/Report.aspx>

Upload your organization's most recent audit: *

Upload your organizations financial audits

Added Files:

 Add files

 Other upload methods

If most recent audit is not complete please explain:

Briefly explain

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Part 4 - State of Connecticut Provisions Governing Contractual Relationships with Quasi-State Agencies

STATE CONTRACTING NONDISCRIMINATION REQUIREMENTS Connecticut General Statutes Sections 4a-60 and 4a-60a require an entity or individual entering into a contract with the State or certain political subdivisions of the State, including quasi-public agencies, to provide the contracting agency with a written affidavit or other acceptable documentation that certifies the contractor's compliance with certain nondiscrimination requirements. Each applicant must submit a nondiscrimination certificate with the application. The Financial Assistance Agreement that will be entered into by the Authority with all grant recipients must include the nondiscrimination provisions set forth in Exhibit A for grants UNDER \$50,000 or Exhibit B for grants OVER \$50,000.

Download Exhibit A for Requests less than 50k:

Please download and complete exhibit A if your request is for less than 50k

File to Download:



ExhibitA_form_b_nondiscriminationcertificationrepenity_lessthan50k.pdf
(Download)

Download Exhibit B for requests of 50k or more:

Please download and complete exhibit B if your request is for 50k or more

File to Download:

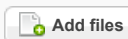


ExhibitB_form_c_nondiscriminationcertificationaffentity_50kormore.pdf
(Download)

Upload your completed exhibit A or B form: *

Please upload the completed exhibit A or B form from above

Added Files:



SEEC NOTICE. This Agreement constitutes a "State Contract" as defined in Connecticut General Statutes Section 9-612(f) (1). An authorized official must sign Exhibit C hereto expressly acknowledging receipt of the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions and will inform its principals of the contents of the notice.

Download Exhibit C:

Please download and complete SEEC form 10

File to Download:



ExhibitC_seec_form_10_rev_1-11.pdf
(Download)

Upload Exhibit C SEEC form 10: *

Please upload your completed SEEC form 10

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FREEDOM OF INFORMATION ACT The CHEFA is a “public agency” for purposes of the Connecticut Freedom of Information Act (“FOIA”). An application submitted in connection with this grant program, and any files or documents associated with the application, including e-mails or other electronic files, will be public records and subject to disclosure under the FOIA. See C.G.S. §§1-200, et seq. The FOIA includes exemptions for, among other things, “trade secrets” and “commercial or financial information given in confidence, not required by statute.” See C.G.S. §1-210(b). Due regard will be given for the protection of proprietary or confidential information contained in applications received. However, all materials associated with the application are subject to the terms of the FOIA and all applicable rules, regulations and administrative decisions. If an applicant is interested in preserving the confidentiality of any part of their application, it will not be sufficient to state generally in the application that the application is proprietary or confidential in nature and therefore not subject to release to third parties. Instead, those particular sentences, paragraphs, pages or sections that an applicant believes to be exempt from disclosure under the FOIA must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exemption consistent with §1-210(b) of the FOIA must accompany the application. The rationale and explanation must be stated in terms of the reasons the materials are legally exempt from release pursuant to the FOIA. Confidential information must be labeled CONFIDENTIAL, and submitted in a separate PDF. All application materials not placed in a separate PDF clearly marked as confidential will not be treated as confidential and will be made available for public view upon receipt of a FOIA request. Applicants should not request that their entire application, nor the majority of the application, be confidential and CHEFA reserves the right to reject any such application. CHEFA has no obligation to initiate, prosecute or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information that is sought pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the CHEFA or any of its officers, directors or employees have any liability for the disclosure of documents or information in the CHEFA’s possession where the CHEFA, or such officer, director or employee believes disclosure is required under the FOIA or other law.

PENALTY FOR FALSE STATEMENT (C.G.S. §1-126) Any quasi-public agency, as defined in Section 1-120 of the General Statutes, shall require any application, agreement, financial statement, certificate or other writing submitted to such quasi-public agency with respect to any loan, mortgage, guarantee, investment, grant, lease, tax relief, bond financing or other extension of credit or financial assistance made or provided by such quasi-public agency and that provides information on which the decision of such quasi-public agency was based, to be signed under penalty of false statement as provided in Section 53a-157b of the General Statutes. CHEFA requires that proposals in response hereto be provided on the same basis.

I have read the penalty regarding false statements: *

I agree
there

are no false statements in my application

Please review your submission for completeness and accuracy before clicking "submit." Ensure that you have uploaded the required signed Application Form and the Nondiscrimination Affidavit (Exhibit A) if your grant request is less than \$50,000. Please print the screen that appears after you SUBMIT – this is your only proof of submission. You will then be asked if you would like to print out a PDF copy of your submission. We STRONGLY recommend that you print this. Thank you for your submission!

Signature: *

Please left click and use your mouse to sign here

SIGN HERE:



CLEAR

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