

FY 2020 JOHN M. BIANCAMANO CHEFA CLIENT GRANT PROGRAM

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Request For Proposals

- RFP Release Date: July 15, 2019
- Application Deadline: August 16, 2019 at 1:00 p.m.
- Awards Announcement: November 15, 2019
- Payment of Grants: Approximately December 15, 2019
- Grant Period: December 16, 2019 – December 31, 2020
- Contact: Betty Sugerman Weintraub
Grant Program Manager
Phone: 860-761-8428

New CHEFA Guidelines

- CHEFA reserves the right to deem incomplete applications ineligible.
- We strongly suggest reviewing your application with your financial office before submission to ensure accuracy of project and organization budgets, appropriate audits, vendor quotes from each separate vendor, etc.
- Grant applications must be submitted by the deadline date and time or will be considered ineligible. For this reason we strongly suggest early submission.
- Please note that the State of Connecticut SEEC Form and Nondiscrimination Form (either under \$50,000 or over \$50,000) require signatures.

New CHEFA Guidelines (cont.)

- The Authority is accepting proposals for:
 - Capital Projects/Purchases
 - Programs
- From organizations whose mission statement and the capital project/purchase, or program are related to any of the following focus areas:
 - Childcare (inclusive of before and after-school programming)
 - Cultural (inclusive of museums, theaters, etc.)
 - Education (inclusive of workforce/vocational training and youth summer jobs)
 - Healthcare (inclusive of wellness and senior living.
- CHEFA utilizes NO State of Connecticut funds.

Awards

- Grant requests must range from \$5,000 up to a maximum of \$75,000
- For capital projects/purchases acquired during, or programs effective during, the time period of December 16, 2019 through December 31, 2020.
- The CHEFA Board of Directors reserves the right to award less than any applicant's required amount.
- Grant awards are subject to funding availability.

Selection Criteria

- Grants will be awarded based on criteria that includes, but is not limited to:
 - Project need
 - Likelihood of success
 - Size of target population
 - Impact on the target population
 - Innovation
 - Organizational financial need
 - Organizational managerial strength

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.
- Funding is restricted to CAPITAL PROJECTS/PURCHASES or PROGRAMS within Connecticut.
- If an organization was AWARDED a grant in each of the past three fiscal years (i.e., FY 2017, 2018, 2019), the organization must take a one year off from applying, and can thereafter apply in the following fiscal year (i.e., 2021).
- Organization must comply with the provision 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.
- Clients will have had an outstanding bond issue with the Authority during the fiscal year ending June 30, 2019; and only those entities which are substantially in compliance with all the Authority bond issuance documents, as determined by the Authority in its sole discretion; and are current in any payment due to the Authority, a Trustee or bondholder shall be deemed eligible to participate.

How to Apply

- CHEFA utilizes the online Foundant Technologies Grant Management System. For optimal utilization, please update your browser to the most recent application or utilize Google Chrome or Firefox.
- Application –
 - Access to the APPLICATION form is now available at:
<https://www.grantinterface.com/Home/Logon?urlkey=CHEFA>
The Deadline to submit your application is 1:00 pm on August 16, 2019.
- The Staff and Board of Directors reserve the right to request additional information as may be required during the grant program application and review process. The Authority reserves its sole right to modify these guidelines and the Program at any time.

Project/Program Information

- You may use your GuideStar profile to help populate your application form. Before doing so, please be sure that your GuideStar profile contains the most up-to-date information.
- Requested Amount - Please enter the amount of your request from CHEFA, in whole dollar amount (DO NOT INCLUDE CENTS, ROUND UP OR DOWN TO NEAREST DOLLAR AMOUNT)
- Grant Project/Program Location – Cities- Please select the specific cities in CT this grant project/program will serve. If the grant project/program is statewide or only serves specific counties, please use one of the first two options.

Grant Project/Program Information

- What are the desired objectives and how do you intend to achieve them?
- Description of the project/program for which you are seeking CHEFA Grant Program funding. Include the following in your summary:
 - Specifically why you need CHEFA funds for the project/program
 - Number of individuals directly served by this project/program
 - Specific use of CHEFA funds
 - Innovation (if applicable)
 - Anticipated measureable impact on the targeted population
 - Demonstrated historical success of the project/program, including numbers served and outcomes
 - Duration of the program (hours, weeks, etc.)

Project Budget

PROJECT BUDGET

Using this template, please provide a line item project budget and narrative for the project for which you are requesting CHEFA funds, including all sources of funds. **Include all in-kind or other funding provided by your organization toward this project, including indirect costs.**

Please ensure that the CHEFA Funds column total matches the grant request amount on the first page of your Application. All columns must total down and across.

Budget - Line Item	Amount Requested from CHEFA	Applicant Contributions to the Program/Project	Amount Supported by Additional Grants & Other Funding Sources (Federal, State, Municipal, Private/Foundation, Loans, or Other)		Pending or Awarded	Project/Program TOTAL
			Name	Amount		
Enter Project/Program Cost Area						
						\$ -
						\$ -
						\$ -
Cost Area Sub-Total:	\$ -	\$ -		\$ -		\$ -
Enter Project/Program Cost Area						
						\$ -
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Cost Area Sub-Total:	\$ -	\$ -		\$ -		\$ -
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Cost Area Sub-Total:	\$ -	\$ -		\$ -		\$ -
Enter Project/Program Cost Area						
						\$ -
						\$ -
						\$ -
Cost Area Sub-Total:	\$ -	\$ -		\$ -		\$ -
PROJECT/PROGRAM TOTAL BUDGET	\$ -	\$ -		\$ -		\$ -

You may replicate and add rows to cost area on this sheet to provide a complete budget

Metrics of Success

- What metrics will you utilize to demonstrate program success?
- Outcomes
 - Measureable Outcome #1
 - Measureable Outcome #2
 - Measureable Outcome #3
- Independent Audit – Please upload current INDEPENDENT (Not Federal or State) audited financial statements and management letter (if applicable). If not the most recent completed fiscal year, please provide explanation. If you do not conduct an audit due to the small size of your organization's yearly operating budget, please provide the organization's current Profit and Loss Statement.
- State Single Audits – Has your organization had Single State Audits completed for the most recent two fiscal years?

Other Requirements

- Written quote for capital expenditures
 - You must attach a formal written quote from each separate vendor and/or contractor, on their letterhead, for any capital request. This applies to both project and program capital.
- Connecticut State Nondiscrimination Form
 - Nondiscrimination Affidavit Under \$50,000
 - Nondiscrimination Affidavit Over \$50,000
- Connecticut State Elections Enforcement Commissions Notice
- CEO/Executive Director Signature
- CEO/Executive Director Date Signed
- Contact Signature
- Contact Date Signed

QUESTIONS?