

State of Connecticut
Office of Policy and Management
NONPROFIT GRANT PROGRAM; NONPROFIT COLLABORATIVE INCENTIVE PROGRAM
APPLICATION FORM Rev. 11/9/16

**PART 1
PARTICIPANT PROFILE**

A. Organization Profile:

Note: For collaborations involving two or more eligible providers, a separate Part 1 Participant Profile should be submitted for each organization that is part of the collaboration.

Legal Name as it appears through the Secretary of State and address of the Headquarters of the Organization:			
Name and Title of the Authorized Official:		E-mail Address of Authorized Official:	
Organization Address:		Mailing Address of Authorized Official:	
Number of Years at Current Location:	Year Established:	Fiscal Year of Organization: From: <input style="width: 40px;" type="text"/> To: <input style="width: 40px;" type="text"/>	Federal ID# as listed on the 501 (c) 3:
Is this application a collaboration? <input type="checkbox"/> Yes <input type="checkbox"/> No		If a collaboration, would your organization be the lead agency who will sign the Grant Award Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is your organization headquartered in Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Please note, tax exempt status under IRS Section 501(c) (3) is required to be eligible for funding under this program.</p> <p>Is your organization exempt from taxation under IRS Section 501(c)-3? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach letter. NOTE: In order for your application to be considered by OPM's Evaluation Committee, a valid and current letter from the U.S. Internal Revenue Service verifying your IRS 501(c) (3) status must be attached as an appendix to Part 1 of this application. Failure to attach this letter will result in the automatic disqualification of your application.</i></p>			

B. Brief description of the Organization and services provided (limit response to the space provided below):

C. List all of your State Agency health and human service contracts or agreements and funding in the current year:

State Agency Name	Amount of State Funding In Current Fiscal Year *	Summary of Program Type(s)
TOTAL		

*Include Federal Pass Through

D. REQUIRED FORMS, FINANCIAL AUDITS, QUESTIONS AND OTHER INFORMATION (IMPORTANT: Save your work before proceeding to any links):

1. Forms: Are the following current and updated forms on State of Connecticut, Department of Administrative Services [BizNet](#) site? If they are not, please attach copies as an Appendix.

- a) State of Connecticut, Nondiscrimination Certification (Rev. 07-08-2009) ([Form 1](#)) on BizNet?
 Yes No
- b) State of Connecticut, Acknowledgement of Contract Compliance, Notification to Bidders ([Form 2](#)) on BizNet?
 Yes No
- c) State of Connecticut, Contract Compliance Monitoring Report (Parts I-V) ([Form 3](#)) on BizNet?
 Yes No

2. Financial Audits:

- a) Has your organization had State Single Audits completed for the most recent two fiscal years?
 Yes No
- b) If you answered yes on the above, are these audits on OPM's web-site at:
<https://www.appsvcs.opm.ct.gov/Auditing/Public/Report.aspx>
 Yes No If the answer to a) or b) is no, following the application deadline, applicants will be contacted with instructions as to the submittal of these State Single Audits. If the State Single Audits are not available, submittal of independent financial audits and the IRS Form 990 (Return of Organization Exempt from Income Tax) for the two most recent fiscal years will be requested following the submittal of the application. **(Note: Please do not submit these financial audit documents with your application; instructions be sent to you in this regard)**

3. GENERAL:

- a) Is your organization in good standing with the State of Connecticut and all regulatory authorities?
 Yes No *If no, please explain in box on page 3.*
- b) Has the State ever terminated or suspended a contract with the organization for breach or over concerns about the health or welfare of clients?
 Yes No *If yes, please explain in box on page 3.*
- c) Is your organization the subject of any investigation by any State, local or federal agency?
 Yes No *If yes, please explain in box on page 3.*
- d) Has any agency of the State of Connecticut or federal government taken any action against your organization or principals of the organization or placed on a watch list?
 Yes No *If yes, please explain in box on page 3.*
- e) Is the organization currently involved in or does it anticipate any litigation or other legal claims that could impact the delivery of service or your organization's ability to carry out any project associated with this application?
 Yes No *If yes, please explain in box on page 3.*

4. FINANCIAL INFORMATION:

- a) Has the organization ever declared bankruptcy?
 Yes No *If yes, please explain in box on page 3.*
- b) Are any local, State, or federal taxes currently past due (unpaid) by the organization?
 Yes No *If yes, please explain in box on page 3.*
- c) Is your organization in default under any current loan agreement?
 Yes No *If yes, please explain in box on page 3.*
Please verify the following with the links below:
- d) Is your complete full legal name registered with the State of Connecticut, [Consumer Protection](#) and have a valid Charitable Organization Registration or an exemption for this registration?
 Yes No
- e) Is your complete full legal name up to date with filings through the State of Connecticut, [Secretary of State](#)? If you do not submit annual reports, you will need to acquire a Certificate of Legal Existence.
 Yes No

5. OTHER INFORMATION:

- a) Does your organization employ or contract with (1) any elected public official or the spouse of any elected public official; or (2) any employee or the spouse of an employee who has supervisory or appointing authority at the Office of Policy and Management?
 Yes **No** *If yes, please explain below.*
- b) Does your organization have any related parties (including, but not limited to, holding or subsidiary companies) as defined by the [Cost Standards](#)?
 Yes **No** *If yes, list all related parties below.*

Explanations for Section D. 3-5**E. Appendices (must be scanned and uploaded with the completed application):**

- IRS 501(c)(3) Letter (**required**)
If the below forms are not uploaded on BizNet
- State of Connecticut, Nondiscrimination Certification (Rev. 07-08-2009) ([Form 1](#))
- State of Connecticut, Acknowledgement of Contract Compliance, Notification to Bidders ([Form 2](#))
- State of Connecticut, Contract Compliance Monitoring Report (Parts I-V) ([Form 3](#))

F. CERTIFICATION OF APPLICATION

My signature below, for and on behalf of

_____, certifies and
(Name of Organization)

indicates acceptance of the following:

1. I have the authority to submit this grant application on behalf of the Board of Directors. I understand that for any awards selected, a Certified Resolution will be required from the Board of Directors.
2. I understand that, if this grant application is approved, I will be required to sign an agreement delineating the terms and conditions of the grant with the State administering agency;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the State of Connecticut or the State administering agency;
4. I understand that if actual project costs are less than the grant award funding received, or if project costs are disallowed as ineligible by the State, such unexpended funds or funds for disallowed costs will have to be returned to the State; and
5. I hereby certify that the statements contained in the responses to this application and accompanying forms and documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the proposed project in accordance with the representations contained herein.

Signature of Authorized Official

Name of Authorized Official

Date

PART 2--PROJECT APPLICATION

- 1) *Submit a separate Part 2--Project Application for each project.*
- 2) *For facility improvements, new construction or property acquisition projects, as defined by Section B-2 in the guidelines, submit separate Part 2--Project Application for each location.*
- 3) *Review Section F of Nonprofit Grant Guidelines and Application Instructions.*

A. Name of Project and Project Type:

B. Amount of NGP/NCIP Funds Requested: \$

If over \$1.0 million of NGP funds being requested, amount of matching funds in application? \$

C. Health and Human Service Programs Operated by Your Organization(s) Impacted by Project:

Program Name (For collaborations, please list the organization)	Total Annual Program Budget	Annual State Funds in Budget	# of Clients Served Per Year	# of State Agency Clients Served Per Year

D. Purpose and Description of Project

- 1) What is the purpose of this project? (Limit response to space provided below):

F. Please provide a line item budget and narrative for each project for which you are requesting, including all funds.

Budget - Line Item	Funding Sources							Project Total	
	NGP Funds	Applicant Funds	Federal	State Non-NPG	Municipal	Private	Loans		Other
Construction Costs:									
<i>Alterations, Renovations or Addition</i>									
<i>New Construction-New Building Addition</i>									
Site Improvement, Including Demolition									
<i>Architectural, Engineering</i>									
Sub-Total:Construction									
List Acquisition Costs - Land, Building, Equipment, Vehicle, Generator, Etc:									
Sub-Total:Acquisition									
Technology:									
<i>Software</i>									
<i>Hardware</i>									
Sub-Total:Technology									
Refinance Loan:									
Sub-Total: Refinance									
List Other:									
Sub-Total: Other									
Total									

Budget Narrative: (If project is a collaboration please describe in the Budget Narrative which of the participating organizations will contribute any Non-NGP/NCIP Funds):

G. Describe the Non-NGP/NCIP Funds to be used for Project Budget from Section F above:

Non-NGP Revenue Source (from Budget, Section F)	Amount *	Describe the Type and Source of the Funds	Are these funds currently available to your organization?	Comments (If collaboration, identify provider organization)
Applicant			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal			<input type="checkbox"/> Yes <input type="checkbox"/> No	
State Non-NGP/NCIP*			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Municipal			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Private			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loans			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

***State funds may not serve as part of required match for NGP funding requests over \$1.0 Million.**

H. List of Procurements (e.g. Facility or property acquisition, construction or renovation project, equipment or vehicle purchase) needed for the project and a description of the sources and methodology used to develop the related cost estimates (Please see Section F of NGP/NCIP Guidelines and Application instructions regarding cost estimates of procurements).

Procurement Item	Cost	Description of the Sources of estimates and Methodology Used to Develop Cost Estimate

I. The purpose of this chart is to determine the projected increases or decreases in budgetary expenses and revenues as a result of the Project. For impacted line-items only, indicate the expense and revenue increases or decreases compared to current expenses or revenues as a result of the of the Project for each of the three years_ (NOTE: Amounts, even if \$0, must to be provided for each year in this schedule):

List the line-item expenses impacted by the project. For years out, use your projected increases or (decreases) as compared to the current expenses. (For collaborations, please identify the provider organiation for each line-item).				
	Amount of Current Expenses	Increase or (Decrease) Year 1	Increase or (Decrease) Year 2	Increase or (Decrease) Year 3
Total For Expenses				
List the revenue line-items impacted by the project. For years out, use your projected increases or (decreases) as compared to the current revenue. For collaborations, please identify the provider organiation for each line-item).				
	Amount of Current Revenue	Increase or (Decrease) Year 1	Increase or (Decrease) Year 2	Increase or (Decrease) Year 3
Total For Revenue				
(Positive)/Negative Net Impacts				

Comments:

J. The associated improvements in service effectiveness, budgetary expenses, capacity, safety, accessibility or in other areas to be achieved as a result of the Project:

Improvement to be achieved (Please specify)	Description	<u>Must</u> be quantified

K. Property Value and Lien Analysis for Facility Improvements, New Construction and Property Acquisition projects, only (Note This section **must** be completed for all projects **except** vehicle purchase, generators not involving a renovation, I/T or EMR projects: **Failure to complete this section, as required, will result in disqualification of the application**)

(MODIFIED) LIEN ANALYSIS

1) **Facility Address:**

2) **Name and Address of Property Owner:**

3) **Is the property leased or rented by your organization?** Yes No
 If yes, for how many years? Current Term: From to
 If yes, rent or lease cost per year? \$
 Is the property owned by the State? Yes No If yes, which State Agency?

4) **What is the Current Market Value of the property?**
 a. Date of most recent appraisal(s) Value(s): \$
 b. Municipal Assessed Value: \$
 (Attach municipal assessment card as appendix to Part 2 of application)

5) **If owned by your organization, what was the Purchase Price?** \$
 Year Purchased?

6) **Use of NGP Funds:**
 a) Is applicant requesting funds to purchase this property? Yes No Amount \$
 b) Is applicant requesting funds to improve this property? Yes No Amount \$

7) **Current Lien Values:**
 List below all current (existing or proposed) liens. Give the name of the lien holder, date lien was placed, amount of total lien, anticipated termination date, and current value.

Name of Lien Holder	Date Placed	Total Lien Amount	Anticipated Term. Date	Current Value
Total				

8) **Current Mortgage Balance for Owned or Leased Property:**
 Balance \$ Balance Date

9) **For New Construction Projects Only: What would be the projected fair market value of the new facility and land following the project:** \$
Please describe the basis for projection.

L. QUESTIONS FOR FACILITY IMPROVEMENTS, NEW CONSTRUCTION AND PROPERTY ACQUISITION PROJECTS

ONLY: (See Section K above for which projects are included in Facility Improvements, New Construction and Property Acquisition)

- 1) What is the current and/or anticipated use of this facility?
- 2) Are there any other outstanding financial obligations related to this facility not reflected in Section K, above?
 Yes **No** *If yes, explain below.*
- 3) Has the applicant received past funding for improving this facility from any State or Federal Agency in the past 10 years?
 Yes **No** *If yes, provide the name of the State or Federal Agency, purpose and amount of the funding, and funding date below.*
- 4) Is this site under foreclosure proceedings? **Yes** **No** *If yes, explain below.*
- 5) If applicant-owned: Are the real estate taxes on this site paid up-to date?
 Yes **No** **N/A** *If no, explain and list amount of unpaid taxes below.*
- 6) Is or will any space in the facility be used in the future by any other individual or entity? **Yes** **No**
If yes, explain below. Include the name of each individual or entity, the approximate square footage to be used by each individual or entity, and whether the entity is exempt from federal income tax under Section 501(C)(3) of the Internal Revenue Code.
- 7) Are any individuals or companies that provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? **Yes** **No** *If yes, list all related parties (as defined by OPM's [Cost Standards](#)) under common control and the purpose of each below.*
- 8) Are local or state approvals required for the intended future use of the property? **Yes** **No** *If yes, have approvals been obtained? **Yes** **No** *If no, please explain below.**

9) *For Property or Facility Acquisition:* How did you or will you advertise the need and specifications for the facility?

10) *For Property or Facility Acquisition:* **Do you have a formal agreement to purchase?** **Yes** **No**

For any formal or informal agreement to purchase, please provide a written status and description of anticipated purchase, including name and address of seller, a description of the property and its condition, any contingencies associated with the purchase, monies or deposits given and terms of any tentative agreement.

Comments for Sections K & L:

M. Appendix

- Municipal Assessment Cards (See Section K above)
- Formal agreement to purchase L (10) if applicable