

State of Connecticut
Office of Policy and Management
NONPROFIT GRANT PROGRAM
APPLICATION FORM Rev. 4/8/15

**PART 1
PARTICIPANT PROFILE**

A. Organization Profile:

Legal Name as it appears through the Secretary of State and address of the Headquarters of the Organization:	
E-mail address of Authorized Official:	
Name and Title of the Authorized Official:	
Telephone Number of Authorized Official:	
Organization Address:	Year Established:
Mailing address of Authorized Official:	Fiscal Year of Organization From: To:
Federal ID# as listed on the 501 (c) 3:	Number of Years at Current Location:
Is your organization headquartered in Connecticut? Yes No	
<p><i>Please note, tax exempt status under IRS Section 501(c) (3) is required to be eligible for funding under this program.</i></p> <p>Is your organization exempt from taxation under IRS Section 501(c)-3? Yes 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 Provider 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		

PART 2--PROJECT APPLICATION

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

A. Name of Project and Project Type:

B. Amount of NGP 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 Impacted by Project

Program Name	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. Appendices:

- Attach IRS 501(c)(3) Letter (*required*)
- Attach State of Connecticut, Nondiscrimination Certification (Rev. 07-08-2009) ([Form 1](#)) (*if form is not in BizNet*)
- Attach State of Connecticut, Acknowledgement of Contract Compliance, Notification to Bidders ([Form 2](#)) (*if form is not in BizNet*)
- Attach State of Connecticut, Contract Compliance Monitoring Report (Parts I-V) ([Form 3](#)) (*if form is not in BizNet*)

D. REQUIRED FORMS, FINANCIAL AUDITS, QUESTIONS AND OTHER INFORMATION

1. **Forms:** (which are below as a link. **IMPORTANT:** save work before proceeding to link)
Are the following 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 answer to 2.a) is yes, are these audits on OPM's web-site at <https://www.appsvcs.opm.ct.gov/Auditing/Public/Report.aspx>
Yes No If you answered yes to 2.a) and no to 2. b), provide an electronic copy of your last two State Single Audits by e-mail to valerie.clark@ct.gov with your organization's name in the subject box.

If you answered no to 2.a), provide an electronic copy of any independent financial audits and the IRS Form 990 (Return of Organization Exempt Form Income Tax) for the two most recent years to Valerie.clark@ct.gov with your organization's name in the subject line.

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 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?
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, Department of 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](#)?
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 over 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. 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. Please note 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, a Certified Resolution will be required from the Board of Directors;
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

2) Please describe the work to be done. (Limit response to space provided below)

E. Please provide a project schedule for the project.

Project Activity	Start Date (mm/dd/yy)	End Date (mm/dd/yy)

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 or Property Acquisition:									
<i>Alterations, Renovations, Improvements, Safety, Energy</i>									\$ -
<i>New Construction-new building/addition</i>									\$ -
<i>Architectural, Engineering</i>									\$ -
<i>Property Acquisition</i>									\$ -
									\$ -
									\$ -
Sub-Total-Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
List Equipment:									
									\$ -
									\$ -
									\$ -
Sub-Total-Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Technology:									
<i>Software</i>									\$ -
<i>Hardware</i>									\$ -
									\$ -
Sub-Total-Technology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
List Vehicle/Generator:									
									\$ -
									\$ -
Sub-Total-Vehicle	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other:									
									\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Budget Narrative:

G. Describe the Non-NGP 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
Applicant			Yes No	
Federal			Yes No	
State Non-NGP*			Yes No	
Municipal			Yes No	
Private			Yes No	
Loans			Yes No	
Other			Yes 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 E of NGP 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 five years_ (Example: If the project saves \$1,000 in a line item in year 1 and has the same \$1,000 impact in year 2, show \$1,000 for each of the two years. If the savings grow by another \$1,000 in year 3, show \$2,000 in savings for year 3, and so on) (NOTE: Amounts, even if \$0, must to be provided for each year in this schedule)

Expense Line-Item Impacted by Project	Year 1	Year 2	Year 3	Year 4	Year 5
	Increase/ (Decrease) Compared to Current Expense	Increase/ (Decrease) Compared to Current Expense	Increase/ (Decrease) Compared to Current Expense	Increase/ (Decrease) Compared to Current Expense	Increase/ (Decrease) Compared to Current Expense
Total for Expenses					
Revenue Line-Item Impacted by Project	Year 1	Year 2	Year 3	Year 4	Year 5
	Increase/ (Decrease) Compared to Current Revenue	Increase/ (Decrease) Compared to Current Revenue	Increase/ (Decrease) Compared to Current Revenue	Increase/ (Decrease) Compared to Current Revenue	Increase/ (Decrease) Compared to Current Revenue
Total For Revenue					
Positive (Negative) Impacts					

Comments:

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J. The associated improvements in service effectiveness, 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 the following projects: facility alterations, renovations, improvement, additions, new construction; property acquisition; facility improvements related to health, safety (including installation of sprinklers and security systems) and compliance with Americans with Disabilities Act; and Energy conservation improvement projects, including HVAC and other systems. *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 Termto

If yes, rent or lease cost per year? \$

4) **What is the Current Market Value of the property?**

a. Date of most recent appraisal(s) Value(s): \$

Who performed the appraisal?

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 \$ 5g:cZ fB UHYŁ

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? 8YgWJY'VY'ck "
- 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)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 19 2001

SAMPLE ARTS ORGANIZATION
1234 SOUTH ARTS ROAD
OREM, UT 84057

Employer Identification Number:
55-1234567
DLN:
09876543210987
Contact Person:
JOHN SMITH ID# 12345
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a) (1)
Advance Ruling Period Begins:
November 27, 2000
Advance Ruling Period Ends:
December 31, 2004
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

29,005.-100-01. I	STATE STREET BANK & TRUST CO	>> MCKEAN COUNTY -- PROPERTY RECORD CARD <<
SPEC ID: CTL: 00031041	C/O TEMPLE INLAND	Fair Market
TIEBACK:	SCOTT COLLINS	Land - 869270 Commercial/Industrial
School: 5 Nbhd: 29	147 TEMPLE DRIVE	Bldg - 3530730 (cprc)
Part Interest of	KANE PA 16735	Total - 4400000
PROPERTY TYPE..... I (401)	Location Contact: MARTY REDMAN 814-778-2616	Assessed - 4400000 As of: 03/20/12 15:41:22
CHIPBOARD MANUF	CONNECTICUT NATIONAL BANK	
	C/O ALLEGHENY PARTICLEBOARD	
	HUTCHINS ROAD	

ASSESSED VALUE HISTORY							
ASMT	FM LAND	FM BLDG	FM TOTAL	-- ST	CG LAND	CG BLDG	CG TOTAL
06/30/2004	869270	8330730	9200000				
06/29/2004	217317	2082683	2300000				
06/30/1998	217317	2082683	2300000				
05/29/1998	217318	2203885	2421203				

----- General Remarks -----
02/18/97 DESC: WT 2500 SURF ONLY
02/18/97 DESC: IND/OFFICE
06/04/02 6/4/02 CORRECTED ADDRESS PER TAX COLLEC
06/04/02 TOR. RF

Grantee	Book/Page	Date	Price
STATE STREET BANK & TRUST CO	0318-1081	12/27/1999	0
CONNECTICUT NATIONAL BANK	0129-1067	06/13/1991	0
ALLEGHENY PARTICLE BOARD LIMIT	0122-0042	11/29/1990	0
ALLEGHENY PARTICLE BOARD LIMIT	0095-0113	05/16/1989	0
ALLEGHENY PARTICLE BOARD LIMIT	0087-1008	10/13/1988	397000

Formal Appeal Date: 10/12/2004

Item No. 73.