

Connecticut Health and Educational Facilities Authority 10 Columbus Blvd., 7th FL Hartford, CT

Hartford, CT	Address:			
06106	Mailing Ac	ldress:		
Phone: 860-761-8428 Fax: 860-520-4706	City:			
www.chefa.com	Zip+4:			
	<b>E</b> xecutive	 Director:		
Application Date:				
Grant Begin Date:				
Grant End Date:				
		Phone:		
Request Amount:		Fax:		
Funding Type		Con	tact Information for this G	rant
Capital ○ Operating ○ Program		Prefix (Mr./Ms./Dr	.):	
		First Name:	-	
		Last Name:		
		Title:		
		Email:		
		Website:		
Please remember to include the following required undertakings in your response:				
(a) The information provided herein is subn Connecticut General Statues, Section 53a-15		ndersigned firm under pe	enalty of false statement as p	provided in the
(b) With regard to a State contract as decombination or series of such agreements of submission in response to the Authority's Commission's notice, Exhibit C, advising prohibitions, and will inform its principals of	or contracts have solicitation exp prospective Sta	ving a value of \$100,000 pressly acknowledges re ate contractors of State	or more, the authorized sign eceipt of the State Election	gnatory to this s Enforcement
In addition, please include the materials req	uired by <b>EXHIB</b>	IT A and EXHIBIT D - pag	ge 1.	
	Legal St	atement		
Notice is hereby given that false statements intentionally given herein are subject to section 53a-157b of the Connecticut General Statutes governing the penalty for written statements not believed to be true that are intended to mislead a public servant in the performance of his or her official duties.				
Sworn as true to the best of my knowledge as subject to the penalties of false statements			the best of my knowledge the penalties of false staten	
Contact signature & title	Date	Executive Director		 Date

Entity Legal Name:

**Client Grant Program Application** 

Geographic area served (County and Cities Served):	Number of unduplicated persons served annually:			
Number of Employees (label as Full-/Part-Time/Volunteers):	Board representation (Total #; % minority; % female):			
Staff representation (Total #; % minority; % female):	Population served (Total #; % minority; % female):			
Organization's Total Budget:	Project's Budget:			
Brief description of your entity and its mission:				
How often did your Board of Directors meet in the last year:	Average percent attendance over the past 12 months:			
What internal/financial accounting control methods does your organization follow:	Does your organization have a Board-approved conflict of interest policy?  No In Progress			
Do your auditors meet with the full Board or a Committee:	What financial information is provided to the Board and when:			
Describe the process used to annually evaluate your organization's executive director:				
PURPOSE OF THIS GRANT				
A. Description of community needs/issues to be addressed; description				
B. Description of project goals for which funds are being requested:				
C. Project description, including objectives, activities, time frame, ar	nd benefits:			
	Page 2 of 4			

(Continued Project Description)
D. Description of how you plan to evaluate the project, including outcomes and results:
be seription of now you plan to evaluate the project, melading outcomes and results.
E. List of key individuals involved in the project; brief summaries of their qualifications:
E. List of Rey individuals involved in the project, blici summanes of their qualifications.
F. How evaluation results will be used for program/project planning - for both this organization and others doing similar work:
G. Long-term strategies for funding this program/project beyond the grant period:
H. Please send the following financial EXHIBITS to your application as one page or less each:
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1. Budget for this grant request showing income and eveness

- 1- Budget for this grant request showing income and expenses.
- 2- Listing of the funding sources (foundations, corporations, others) solicited for this request (indicate the amounts requested and status of each).
- 3 Most recent annual financial statement (audited, if available) and management letter (if available).

The following pages may also be obtained at www.chefa.com/philanthropy: : EXHIBIT A, B, C, and D. Only EXHIBIT A and EXHIBIT D - page 1 must be included as additional EXHIBITS to your application.

Please print them out and obtain the necessary signatures, then send with the EXHIBITS 1 THROUGH 5 (financials above) to kfontaine@chefa.com as a scanned document, or you may fax to 860-520-4076. If you fax, please confirm receipt with us at 860-761-8428 or via email at kfontaine@chefa.com. If you are unable to email or fax, please contact us so that we may assist you with your application.

### State of Connecticut Public Acts Governing Contractual Relationships with Quasi-State Agencies

#### 1. Public Act No. 01-184

# AN ACT CONCERNING THE PENALTY FOR FALSE STATEMENTS ON APPLICATIONS FOR FINANCIAL ASSISTANCE FROM QUASI-PUBLIC AGENCIES.

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.

#### 2. CHEFA Gift Ban Policy (C.G.S. §§4-250 to 4-252)

The Authority has adopted a gift ban policy which, with very limited exceptions, prohibits the acceptance of anything of value, from parties doing business or seeking to do business with the Authority by all of its employees. In addition, pursuant to the State Code of Ethics, Members of the Board of Directors, as well as employees of the Authority, are subject to strict restrictions on the acceptance of gifts from parties doing business, or seeking to do business, with the Authority. *Please complete and sign the Gift and Campaign Contribution Certification, attached as Exhibit A.* 

#### 3. State of Connecticut Office of State Ethics ("OSE") Requirements

Attached is the OSE "2010 Guide to the Code of Ethics for Current or Potential State Contractors" (*Exhibit B*). This document and the revised statutes effective January 1, 2010 (available on the OSE website) provide your company with a guide to your financial relationship and statutory requirements for conducting business with a quasi-public agency. *By submitting a response to this request for proposal, your entity acknowledges receipt of this information and acceptance of the provisions applicable to organizations doing business with the Authority.* 

### 4. State Election Enforcement Commission Campaign Contribution and Solicitation Ban

The State of Connecticut General Assembly enacted campaign reform with the legislation contained in Public Act 05-05 and amended by Public Act 06-137 and 07-1. Effective on and after December 31, 2006, the Act prohibits "principals" (AND FAMILY MEMBERS) of State contractors and prospective State contractors from donating and soliciting certain campaign contributions. The Authority is required to provide all prospective State contractors with a copy of SEEC Form which has been included as Exhibit C.

### 5. Public Act No. 09-158

# AN ACT CONCERNING CERTAIN STATE CONTRACTING NONDISCRIMINATION REQUIREMENTS

Connecticut General Statutes Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended, require an entity or individual entering into a contract having a value of in a calendar year of \$50,000 or more with the State or certain political subdivisions of the State, including quasipublic agencies, to provide the contracting agency with a written affidavit or other acceptable documentation that certifies the contractor compliance with the State's nondiscrimination agreements and warranties. *Please refer to the form of the required certification attached to a copy of the act in Exhibit D*)