ERICK RUSSELL
TREASURER

State of Connecticut
Office of the Treasurer

SARAH SANDERS
DEPUTY TREASURER

SAFE HARBOR FUND GRANT APPLICATION FORM

*Please complete all sections of this application. Incomplete applications may not be considered. Applications must be submitted at least **30 days prior** to the quarterly Board of Trustees meeting to be eligible for review.*

*Meeting dates can be found on the Treasurer's website: **https://portal.ct.gov/ott/safe-harbor-fund/overview***

ORGANIZATIONAL PROFILE — SECTION 1

Organization name (please include any other names or d/b/a names)**:**

Address:

Website:

Primary contact:

Name:
Title:
Email:
Phone:

Secondary contact:

Name:
Title:
Email:
Phone:

TAX-EXEMPT STATUS — SECTION 2

Confirm 501(c)(3) status: ☐ Yes ☐ No

Please include the following with your application: IRS Form 990 for the most recent 3 years, IRS Form 1023 (application for 501(c)(3) status) with any attachments, and IRS 501(c)(3) determination letter

Years exempt under 501(c)(3):

Years since establishment:

ELIGIBILITY CONFIRMATION — SECTION 3

Please indicate how your organization meets the statutory eligibility requirements for a Safe Harbor Fund grant:

- ☐ Provides funding for reproductive health care services or gender-affirming health care services
- ☐ Provides funding for collateral costs incurred by individuals receiving such services in Connecticut
- ☐ Serves LGBTQ+ youth or families in Connecticut

Is the organization domiciled in Connecticut and in good standing? ☐ Yes ☐ No

ORGANIZATIONAL OVERVIEW — SECTION 4

Annual revenue:

Number of paid employees:

Mission and vision statement:

Geographic area and population(s) served:

Key programs and services:

List the full names and enclose/attach a bio, or CV of key leadership personnel, including board members, and any other key personnel involved in administering Safe Harbor Fund grant proceeds:

GOVERNANCE & COMPLIANCE — SECTION 5

Please provide a copy of the board bylaws, ethics policy, and any other relevant governance documents.

Is the organization required to file an audit report from an independent public accountant with the DCP Public Charities Unit? ☐ Yes ☐ No

**If yes, provide a copy of the most recently filed audit report*

Has the organization ever been the subject of a complaint to the Department of Consumer Protection, Office of the Attorney General, or similar entities, or equivalent entities in other states? If so, please explain:

STATEMENT OF NEED — SECTION 6

Describe the purpose of the grant and the anticipated impact:

Estimated number of individuals or families to receive funding:

Explain the urgency and financial need of the population served:

FUNDING REQUEST & DETAILS — SECTION 7

Total amount requested:

Other sources of funding or in-kind contributions:

**Please attach guidelines for distribution of funds, including anticipated budget. Guidelines must prioritize individuals and families with financial and urgent care needs*

**Please attach internal procedures to ensure funds are used only for collateral costs of receiving care in Connecticut*

SUB-GRANTING (IF APPLICABLE)

If your organization plans to make subgrants, describe the process and confirm compliance with Safe Harbor guidelines:

CONFIDENTIALITY AND REPORTING — SECTION 8

Confirm agreement to maintain confidentiality of personally identifiable information: ☐ Yes ☐ No

Confirm agreement to provide aggregate data on fund use upon request: ☐ Yes ☐ No

CERTIFICATION — SECTION 9

I certify that the information provided is accurate and complete, and that funds will be used in accordance with Safe Harbor Fund policies.

Authorized Signature: _____ **Date**: _____