**CIF - Small Business Support Programs - Round 4**

**Section I: Applicant Information**

1. Name of Applicant Entity:

This application is: New or Re-application

2. FEIN:

3. Business Address:

Street Address Line 2:

City:

State / Province:

Postal / Zip Code:

4. Contact Name:

Title:

Phone Number:

Email:

5. Project Name:

6. CIF Grant Amount Requested:

**Section II: Eligibility**

7. The applicant is a: Municipality, Community Development Corporation or Non-profit Organization

8. This municipality, or the municipality in which the applicant operates, is a (check one or both): Public Investment Community or Alliance District

9. For Non-Profits and Community Development Corporations only: Please explain how you serve the municipality that is eligible, including what is the organization's mission and activities. Please provide annual service statistics. If there are multiple co-applicants, all applicants need to demonstrate how they serve the eligible municipality.

Additionally, if applicable, all applicants must disclose in writing as an attachment to this application, to the best of their knowledge, all actions, suits, claims, demands, investigations, and proceedings of any kind, open, pending, or threatened, whether mature, un-matured, contingent, at law or in equity in any forum, involving the applicant that might reasonably be expected to materially adversely affect its businesses, operations, assets, properties, financial stability, business prospects or ability to perform the project as described in this application. (500-word limit)

10. What municipality(ies) will be served by this project? (select all that apply)

11. Please provide a brief summary of your proposed project.

(300-word limit)

12. Identify the target population for your proposed project.

(500-word limit)

13. How does your project help underserved and marginalized communities?Explain how this project furthers consistent and systematic fair, just and impartial treatment of allindividuals, including individuals who belong to underserved and marginalized communities that have beendenied such treatment, such as Black, Latino and indigenous and Native American persons; AsianAmericans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay,bisexual, transgender and queer persons and other persons comprising the LGBTQ+ community; personswho live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Describe how your project:a. promotes new economic outcomesb. benefits workforce or job accessc. provides other benefits or assets that promote equitable economic growth and capacitybuilding

Provide details:

(500-word limit)

14. How does this project impact the social and economic issues or challenges facing this population?

(500-word limit)

15. Explain the specific process for engagement and involvement with the target population to identify the problem, develop a solution, and plan for this project.

(500-word limit)

16. How does the proposed project transform the community and target population?

(500-word limit)

17. How do you propose to measure progress towards the identified challenges facing the community? Provide SMART indicators (Specific, Measurable, Achievable, Realistic, Time-Bound.) related directly to the proposed project. Give current service statistics and expected increases due to the proposed project.

(500-word limit)

18. How is the applicant leadership team representative of the community being served?

(500-word limit)

19. Please respond to any weaknesses identified in the DECD Executive Summary from your last application. Provide any updates to the project since the original application was submitted. (Answer only if this application is a reapplication of CIF Round 1, Round 2 or Round 3.)

(1000-word limit)

20. Priority of certain projects. (Applies to municipalities only) NPO and CDC please select N/A

a. Has the municipality implemented local hiring preferences pursuant to section 7-112 of the General Statutes? Select Yes, No, N/A

b. Will this project leverage municipal, private, philanthropic, or federal funds? Select Yes, No, N/A

c. Does this application include a letter of support from one or more members of the General Assembly in whose district the project will be located? Select Yes, No, N/A

21. Does this application include a project labor agreement or other employment proposal to employ ex-offenders or individuals with physical, intellectual, or developmental disabilities? Select Yes, No, N/A

**Small Business Program:**

A. Eligible business receiving loans or other financing may NOT include those which are engaged primarily in: activities prohibited by federal, state or local law: speculative activities that develop profits from fluctuations in price rather than through normal course of trade; gambling operations; lobbying activities; passive real estate investments; gambling operations; lobbying activities; pay-day loan stores.

B. Eligible businesses receiving loans or other financing may not be currently delinquent or have defaulted on loans issued through the Connecticut Small Business Express Program, Connecticut Small Business Boost Program, or be delinquent on any federal, state or local taxes.

(Accept Terms & Conditions)

1. Describe the proposed small business support program in detail:

a. Description of proposed program and terms for loan, other financing, or start-up funding. Be sure to include, at a minimum:

i. applicable interest rate, maturity dates, amortization, required security, and any other loan/financing/funding terms;

ii. administrative fees which you plan to charge (e.g., origination fees and yearly servicing fees, if applicable);

iii. maximum and minimum loan amounts;

iv. eligible uses of loan/financing/funding proceeds; and

v. eligible businesses

Provide details for question 1a:

(500-word limit)

b. Description of the team managing origination and administration of loans, and their relevant experience and record of success. If applicable, detail any partnerships between organizations associated with the proposed program (e.g., a community development financial institution, a municipality, other private lenders, or a chamber of commerce).

(500-word limit)

c. Explanation of any technical or business support or advising that you or a subcontractor may provide to businesses receiving loans.

(500-word limit)

d. Proposed plan for outreach to eligible applicants for the proposed program.

(500-word limit)

e. Timeline of implementation of programming, including a schedule for issuance of loans and provision of any support services/technical assistance.

(500-word limit)

f. (Optional) Any other programmatic details not included in the answers above.

(500-word limit)

**Project Budget Information:**

Please ensure these amounts match your CIF Round 4 Sources and Uses Budget Form.

2. Other DECD Funds:

3. Previously Awarded State of CT Bond Funds

4. Other State of CT Funds:

5. Federal Funds:

6. Applicant Funds:

7. Philanthropic Funds:

8. Developer Funds:

9. Total Project Budget:

10. Is your organization currently receiving any state funding for this or any other small business support program?

a. If yes, is your organization delinquent, or has it defaulted, on any repayments or interest, and/or on required reporting?

Provide details for question 10:

(500-word limit)

11. If the project will use funding from the American Rescue Plan Act (ARPA), specify which ARPA funds will be used (including whether such fund is a competitive grant or a non-competitive entitlement), and explain how these expenditures will be in keeping with ARPA-related regulations issued by the U.S. Treasury Department and/or the U.S. Commerce Department.

(500-word limit)

12. Please assess and explain:

a. The risk of default on payment of a proposed loan or financing.

b. The impact on job creation or retention in your municipality.

c. The impact on blighted properties in your municipality.

d. The overall impact on community development in your municipality

Provide details for question 12:

(500-word limit)

13. Please upload to your unique SharePoint folder a detailed budget for your proposed project, which includes for each fiscal year of operation the outlays and revenues. Please also use the CIF Budget Form\* (link below) to indicate sources and uses. Please indicate status of funds (committed, pending, to be requested, etc.)