**CIF - Planning - Round 5**

**Section 1 - Applicant Information:**

1. Name of applicant entity:

This application is (New application, re-application, which Round)

2. FEIN:

3. Business Address:

Street Address Line 2:

City: State / Province: CT Postal / Zip Code:

4. Contact Name: Title:

Phone Number: Email:

5. Project Name:

5a. Please provide the street addresses of the site of the **capital improvement(s)**.

6. CIF Grant Amount Requested:

6a. Have you requested a SharePoint folder (deadline to request 6/14/24):

If you have not requested a SharePoint folder by the June 14th deadline, please mark your calendar for the next round, opening Fall 2024. This application is ineligible without a SharePoint folder. Attachments are not accepted via email. Please email [communityinvestmentfund@ct.gov](mailto:communityinvestmentfund@ct.gov) by June 14, 2024, to request a folder.

**Section 2 - Eligibility:**

7. The applicant is a (Municipality, Non-profit Organization, Community Development Corporation).

7a. For Non-Profits only: Please provide your mission statement. 500 word limit

8. What municipality(ies) is the project located in?

9. Is this municipality a Public Investment Community, an Alliance District, or both?

10. 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.

500-word limit

11. Please provide a brief summary of your proposed project. Please draft the language using third person only.

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 all individuals, including individuals who belong to underserved and marginalized communities that have been denied such treatment, such as Black, Latino and indigenous and Native American persons; Asian Americans 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; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Explain how your project:

a. promotes new economic outcomes

b. benefits workforce or job access

c. provides other benefits or assets that promote equitable economic growth and capacity building.

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 the community impact of the proposed project? Provide SMART indicators (Specific, Measurable, Achievable, Realistic, Time-Bound) related directly to the proposed capital investment. Give current service statistics and expected expanded outcomes 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. If this is a re-application, please respond to any Areas for Improvement identified in the DECD Executive Summary from your last application. Provide any updates to the project since the original application was submitted.

1,000-word limit

20. Priority of certain projects. (Applies to municipalities only. Yes, No, N/A. NPO and CDC please select N/A.)

a. Has the municipality implemented local hiring preferences pursuant to section 7-112 of the General Statutes?

b. Will this project leverage municipal, private, philanthropic, or federal funds?

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?

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? (Yes, No, N/A)

**Planning Application**

1. Please describe the planning activities you will engage in detail if you receive CIF funds.

500-word limit

2. Please explain how the proposed plan is consistent with the municipality's Plan of Conservation and Development (PoCD).

300-word limit

3. Explain how your proposed **capital improvement** project aligns with the state's Economic Action Plan.  Only address those that apply:

• Workforce: How does the project broaden the base of skilled workers to meet increasing industry demand?  
• Communities: How does the project attract and retain talent by investing in vibrant and affordable communities for all?  
• Innovation: How does the project support growth and generate inclusive economic opportunity within CT’s most innovative and specialized industries?  
• Business Environment: How does the project improve CT’s environment and reputation for starting and growing businesses?

Provide details:

500-word limit

Project Budget and Sources of Funding:

4. Please upload to your unique SharePoint folder a detailed budget for your proposed project. Please use the required CIF Sources & Uses Budget Template\* ([LINK](https://portal.ct.gov/communityinvestmentfund/-/media/communityinvestmentfund/cif-sources-and-uses-budget---round-5.xlsx)). For sources of funding, please clearly denote status of other funds (i.e., committed, pending, to be requested, etc). Please ensure these amounts match your CIF Round 5 Sources and Uses Budget Form.

Please ensure these amounts match your CIF Round 5 Sources and Uses Budget Form. Fields 5 through 13 are numeric only. Enter whole numbers with commas (ie 250,000 not 250000.00).

Yes or No checkbox

5. CIF Grant Request Amount: CIF Planning awards are a set amount of $250,000

6. Other DECD Funds:

7. Other State of CT Bond Funds Previously Received:

8. Other State of CT Funds:

9. Federal Funds:

10. Applicant Funds:

11. Philanthropic Funds:

12. Developer Funds:

13. Total Project Budget:

14. Indicate the status level of the project plans and construction design drawings (whether conceptual, 10%, 30% 60%, 100%)?

15. Total number of Parcels

16. Total Acreage

17. Is the applicant the owner of the property?

Yes or No checkbox

18. If applicant or project partner is not the property owner, describe how and when ownership and access to property (if needed) will be obtained. Please upload to your unique SharePoint folder the Letter of Intent, Purchase and Sale Agreement, Access Agreement or other documentation from owner indicating willingness to provide access.

500-word limit

19. Please describe any other details or project elements that have been determined at this time.

500-word limit

20. Does the applicant affirm that they understand and acknowledge that the proposed project may warrant further review under the Connecticut Environmental Policy Act (CEPA), and agree to comply with all requirements and costs associated with such review, and further acknowledge that the applicant is in a position to cover any and all additional costs associated with such review?

I understand checkbox

21. Select “Yes” and disclose in writing as an attachment to this application the following, or select “No” if not applicable: to the best of the applicant's knowledge, all actions, suits, claims, demands, investigations, and proceedings of any kind, open, pending, or threatened, whether mature, unmatured, 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.

Yes or No checkbox

Signature (By entering your name you attest to the above)

Title:

Date: