



**2024 SOCIAL EQUITY COUNCIL COMMUNITY REINVESTMENT
GRANT MANAGER
Notice of Funds Availability (NOFA)
QUESTIONNAIRE**

RESPONSES MUST CONFORM TO THE FOLLOWING SPECIFICATIONS:

- Page Limit: 10 pages
- Font Size: 12
- Font Type: Times New Roman
- Margins: Standard
- Line Spacing: 1.15

1. Applicant/Organization Name:
2. Address:
3. City, State, Zip Code:
4. Agency Contact:
5. Agency Contact Email:
6. Agency Contact Phone:
7. Agency Website:
8. FEIN#:
9. Tax ID/UEI#:
10. Date of Incorporation:
11. State of Incorporation:
12. Explain your organization's grant making process. (500 words)
13. Explain your organization's work in urban communities. (500 words)
14. Explain your organization's work with diverse groups. (500 Words)
15. Explain your organization's experience managing large scale programs. (500 Words)

16. Describe the resources your organization will use to successfully carry out this contract. (250 words)
17. Explain your organization's experience in providing technical assistance to non-profit and grassroots organizations. (250 Words)
18. Briefly explain your organization's experience in program development. (250 Words)
19. Is your organization currently State of Connecticut and Federally compliant? (150 words)
20. Explain your organization's plan for marketing and outreach to inform the community of available grant funds. (300 words)
21. Provide a list of the names of the current programs and services your organization provides:

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTS:

- CURRENT BOARD OF DIRECTORS/ADVISORY COMMITTEE
- CURRENT ORGANIZATION CHART
- CERTIFICATE OF GOOD STANDING (SECRETARY OF THE STATE)
- MOST RECENT APPROVED ORGANIZATION BUDGET
- PROOF OF IRS DESIGNATION (501(C)(3))
- THREE LETTERS OF SUPPORT FROM CURRENT GRANT FUNDERS