

Welcome

Hispanic Federation Connecticut Communities of Color Nonprofit Stabilization Fund - 2023 Application

Hispanic Federation CT CCNSF Overview Information

Please note the capacity-building grant application requires the following information:

- Organization's EIN Number
- Organization's Connecticut Public Charities Number

The following documents must be uploaded before you may submit your application:

- Organization's budget for the current fiscal year
- List of the organization's Board of Directors, officers, and their affiliations
- A resume for the Executive Director and up to 2 other key staff
- A resume for each consultant identified; up to three consultants can be identified
- Organization's most recent financial audit
- Organization's IRS Form 990
- Organization's Proof of Registration with State of Connecticut or Department of Consumer Protection, Charities Unit

The application deadline is **Sunday, October 29, 2023 at 5pm.**

The following organizations are INELIGIBLE to apply.

- Referral services
- Organizations with budgets under \$75,000
- Organizations with budgets over \$2 million
- Organizations that utilize fiscal sponsors/conduits

Questions about this RFA and completed application should be emailed to Yanidsi Velez at yvelez@hispanicfederation.org. Please include your contact information in the email.

Submission Instructions

TIPS FOR COMPLETING THIS FORM

The following are some helpful tips to get started:

- Add mail@grantapplication.com to your address book or safe senders list to ensure you receive all system communications.
- Before filling out the application, you may find it helpful to click the "Printer Friendly Version" button above. This will offer you a preview of all of the questions on the application.
- After viewing the questions, you may wish to utilize a word-processing tool (e.g. Microsoft Word) to craft your responses, then copy/paste them into the application.
- You may save and return to your application at a later time by clicking the "Save & Finish Later" button at the bottom of each screen. To access your saved application by logging into your account page at this URL:https://www.GrantRequest.com/SID_6257?SA=AM
- When clicking the "Review & Submit" button, you will be required to review the entire application one final time before clicking the "Submit Application" button at the bottom of the screen.

Organization

About Your Organization

Executive Director/President

First Name Last Name

Area Code/Phone Number

Title

E-mail

Primary Contact for Application

No Check here if same as Executive Director/President

First Name Last Name

Office Phone

Title

E-mail

Organization Requesting Funds

Organization's Legal Name (and DBA if different)

Indicate the year you previously received a CT CCNSF award

Evaluation Criteria

Evaluation Criteria and Mission

What is your organization's mission statement?

100-word limit

Describe how diversity, equity, and inclusion of people of color are reflected in your board and leadership positions.

100-word limit

Provide an overview of the community you are serving geographically, demographically, and socio-economically. Describe the organization's current and past record of providing services with cultural and linguistic competence.

200-word limit

Describe how the project will increase the organization's ability to deliver programs in a culturally and linguistically competent manner.

100-word limit

Project and Budget

Project/Proposal Detail

Short Title of Project

Total Grant Amount Requested

\$

Please select the proposed capacity-building project area

What is the issue, need or opportunity to be addressed through this project? Why is it important to undertake this project at this time?

Please describe the intended timeline.

300-word limit

What are the project's proposed deliverables and activities and how will they advance culturally-responsive services and equity?

250-word limit

What will success look like for your program and how will you measure it?
What will you do to sustain the project's built capacity beyond the grant period?
250-word limit

Budget Information

Provide your project budget, and narrative in no more than 50 words, for the following areas. Enter \$0.00 where applicable.

NOTE:

(1) Personnel is capped at 30% of the full grant request.

(2) Fringe is capped at 15% of the personnel request.

(3) Consultants are capped at 60% of the full grant request.

NOTE: Within OTPS, any hardware/software allocations are limited to 30% of the full grant request.

Personnel Amount

Capped at 30% of the full grant request

\$

Personnel Narrative

50-word limit

Fringe Amount

Capped at 15% of personnel

\$

Fringe Narrative

50-word limit

Consultant(s) Amount

Capped at 60% of the full grant request

\$

Consultant(s) Narrative

50-word limit

OTPS Amount

Note: Hardware/software are limited to 30% of the full grant request

\$

OTPS narrative
(50 words max.)

Total Budget
Click calculator to see total (this should equal the total grant amount requested shown at the top)
0.00

Consultant(s)

Consultant(s)

All consultants (for-profit and non-profit) are capped at 60% of the full grant request. CT CCNSF allows grant recipients to hire up to three consultants. If awarded a CT CCNSF grant, how many consultants will you hire?

Number of Consultants

Note: You must have selected your consultants prior to submitting this application.

Please provide the following information for Consultant #1.

First Name

Last Name

Company Name

If not applicable, enter N/A

E-mail

Phone

Please provide a rationale for your selection of this consultant

50-word limit

Upload the consultant's resume or company profile as a PDF, DOC, or DOCX file.

Please name the file as follows: [company name]-"Consultant" [first and last names]. For example, Making Widgets-ConsultantJane Doe

Please provide the following information for Consultant #2.

First Name

Last Name

Company Name

If not applicable, enter N/A

E-mail

Phone

Please provide a rationale for your selection of this consultant

50-word limit

Upload the consultant's resume or company profile as a PDF, DOC, or DOCX file.

Please name the file as follows: [company name]-"Consultant" [first and last names]. For example, Making Widgets-ConsultantJane Doe

Please provide the following information for Consultant #3.

First Name

Last Name

Company Name

If not applicable, enter N/A

E-mail

Phone

Please provide a rationale for your selection of this consultant

50-word limit

Upload the consultant's resume or company profile as a PDF, DOC, or DOCX file.

Please name the file as follows: [company name]-"Consultant" [first and last names]. For example, Making Widgets-ConsultantJane Doe

Attachments

Attachments

Please upload the required attachments listed below. When naming your file, please include your organization name and the name of the file. All files may be uploaded as either a PDF, DOC or DOCX. Please ensure the pages of the file are numbered consecutively.

To upload an attachment:

- Click "Choose file"
- Browse to the document on your computer
- Select document and click "OK"
- When you return to this page click **"UPLOAD"** under document title

Budget

Please upload your organization's budget for the current fiscal year as a PDF, DOC, or DOCX file. Please name the file [organization name] "Budget"

Board of Directors, officers, and their affiliations

Please upload a list of your organization's Board of Directors, officers and their affiliations as a PDF, DOC, or DOCX file. Please name the file [organization name] "Board of Directors"

Please make sure the name of your organization is on the first page of the file, and the pages are numbered consecutively.

Resumes for the Executive Director and up to 2 other key staff members

Please upload resumes for the Executive Director and up to 2 other key staff members from your organization as one PDF, DOC, or DOCX file. Your organization's name should be on the first page of the file. Please name the file [organization name] "Staff Resumes"

Please make sure your organization's name is on the first page of the file, and pages are numbered consecutively.

Most Recent Financial Audit

Please upload your organization's most recent financial audit as a PDF, DOC, or DOCX file. Please name the file [organization name] "Financial Audit".

Please make sure pages are numbered consecutively.

IRS Form 990

Please upload your organization's IRS Form 990 as a PDF, DOC, or DOCX file. Please name the file [organization name] "IRS Form 990"

Please make sure pages are numbered consecutively.

Proof of registration with the State of Connecticut or the Dept. of Consumer Protection, Charities Unit.
Please upload your organization's proof of registration with the State of Connecticut or the Dept. of Consumer Protection, Charities Unit as a PDF, DOC, or DOCX file.
Please make sure pages are numbered consecutively.

Submitting your form

Submitting your form

If you are ready to submit your application, click the Review & Submit button. You will be asked to review your application one more time, then click the Submit button.

If you would like to save your application and finish it at a later time, click the Save & Finish Later button. You will need to return to your Account page to access your saved application.

The Account URL is: https://www.GrantRequest.com/SID_6257?SA=AM

Bookmark the link and check your email for instructions on returning to the Account page. You may also click the "Printer Friendly Version" link above to print a copy of this application for your records.

Be sure to add mail@grantapplication.com to your address book or safe senders list to ensure you receive all system communications.