



West Hartford Chamber of Commerce
948 Farmington Avenue
West Hartford, CT 06107
Phone: 860-521-2300; Fax: 860-521-1996
whchamber.com

FY 2019 WHCC Grant Program Application – Due 5:00 pm on April 30, 2019

1.			
Legal Name of Organization	Telephone	Fax	
2.			
Address of Organization (mailing & physical)			
3.			
CEO/Executive Director	Title	Email	
4.			
Contact person for this application, if different from CEO			Title
5.			
Telephone	Fax	Email	
Grant Request: \$ _____	Capital <input type="checkbox"/>	Operating <input type="checkbox"/>	Program <input type="checkbox"/>
6.			
Number of Employees: _____ Full-time	_____ Part-time	_____ Volunteers	
7.			
How often did your Board meet in the past year? _____ Times	Average attendance		_____ %
8.			
Organization's total budget: \$ _____	Project/Program Budget: \$ _____		
9.			
Use of Funds (10 word limit):			

Electronic signatures are permissible on this form.

Do not refer the reviewer to other areas of your application. Click in the document and type your responses in the spaces provided and expand them to use space where required. Do not make changes to the formatting, font or question text.

PART 2 -- Narrative Section

A. Applicant Profile:

Year Applicant Entity Established:		
Fiscal Year of Organization From: To:	Former Name(s) of Entity:	Number of Years at Current Location:
Is your organization exempt from taxation under IRS Section 501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The most recent letter from the IRS indicating such status must be provided as part of this application. Tax-exempt status under IRS Section 501(c)(3) or as an instrumentality of the State as a 501(c) organization is required to be eligible for funding under this program.		

B. Brief description of your organization and current services provided:

(Limit your response to the five lines provided. Do not change font or margins set at Calibri 11 single space.)

C. Yes/No questions (*expand space where required*)

- a. Has the organization experienced any management changes in the last two years?
 Yes No *If yes, please explain.*
- b. Is your organization in good standing with the State of Connecticut and all regulatory authorities?
 Yes No *If no, please explain.*
- c. Has the organization ever declared bankruptcy?
 Yes No *If yes, please explain.*
- d. Are any local, State, or federal taxes, or PILOT payments owed by the organization currently past due?
 Yes No *If yes, please explain.*
- e. Is the organization currently involved in or does it anticipate any litigation or other legal claims?
 Yes No *If yes, please explain.*
- f. Has any State agency or the federal government taken any action against your organization or principals of the organization?
 Yes No *If yes, please explain.*

D. Financial Audits

- 1) Has your organization had State Single Audits completed for the most recent two fiscal years?
- 2) If answer to D.1 is yes, are these audits available on OPM's website below?:
<https://www.appsvcs.opm.ct.gov/Auditing/Public/Report.aspx>
- 3) If not available via the above link, please label accordingly and upload with your submission.

E. Project Information - Description of the project/program for which you are seeking WHCC grant funding. Please ensure your response focuses on the need for the project/program, your organization's reasons for providing it, why you need WHCC funds to undertake it, and provide details regarding the anticipated measurable impact on the targeted population. Use this page for this narrative section.

F. Measurable outcomes (expand as needed) – Please provide the measurable outcomes expected from this grant **in bulleted form**:

G. For programmatic requests only, how will you evaluate this program? If an operating funds request, explain how you will address operating funding needs during and after the grant period.

H. Please create the following exhibits as individual files to upload with this application, and label them specifically as shown in red below:

1 Budget - Detailed budget template is attached at the end of this document. If this request is for construction or purchase of capital equipment, include quotes if available. **Your budget must show how WHCC funds will be spent by line item, include all other support and list out in-kind support.**

2 Prior Operating Budget - Organization's current annual operating budget and actual income-and-expenses for the most recently completed fiscal year, including dates covered (align these side by side)

3 Current Operating Budget - Organization's annual operating budget and actual year-to-date income-and-expenses, including dates covered (align these side by side)

4 Funding Sources – All funders including corporations/foundations solicited for this project/program. Include amount and status, including dates covered, and all in-kind support using the attached template at the end of this document.

5 Board List - names and affiliations of your current Board. Do not include addresses or phone numbers.

6 Financials - most recent annual financial statement (audited, if available) and management letter (if available)

7 IRS Ltr – Copy of your most recent IRS 501(c)(3) determination letter.

Please review all your documents to ensure your package is complete!

If you have questions regarding this program, the application, or the submission process, please contact us at 860-521-2300 or via email at cconway@whchamber.com.

Do not include any other materials (articles, reports, or links to access materials on a website, etc.)

Materials are due by April 30, 2019 at 5:00 PM.

BUDGET

Using this template, please provide a line item project/program budget and narrative for the project/program for which you are requesting WHCC funds, including all sources of funds. **Include all in-kind or other funding provided by your organization toward this project/program, including indirect costs.**

Budget - Line Item	WHCC Funds	Applicant Funds	Other Funding Sources					Project Total	
			Federal	State	Municipal	Private/ Foundation	Loans		Other (describe)
Enter Cost Area									
Sub-Total:									
Enter Cost Area									
Sub-Total:									
Enter Cost Area									
Sub-Total:									
Enter Cost Area									
Sub-Total:									
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Indirect costs must be listed out and may not be paid for with WHCC funds									
You may replicate and add rows to cost areas on this sheet for use to provide a complete budget									