

Addendum 4

Submission Requirements & Required Attachments

A. The completed application package must be submitted by the established deadline and include the following:

- 1. Completed Cover and Application Form with** supporting documents
- 2. Two of most recent annual audited financial statements; Or any financial statements prepared by a Certified Public Accountant.**
- 3. Proposed budget; including narrative and costs for planned subcontractors if applicable.** (Attachment C - The Council Budget Documents Required including Schedule A, included below)
- 4. Program Budget**
- 5. Organizational Budget**
- 6. Statement of Assurances** (Attachment A, included below)
- 7. Conflict of Interest Disclosure Statement** (Attachment B, included below)
- 8. List of current board of directors/advisory committee**
- 9. Current Organizational Chart**
- 10. Two letters of support**
- 11. Resumés for key personnel**
- 12. Proof of Secretary of State Registration**
- 13. Fiscal Sponsorship Agreement (if applicable)**

Attachment A

Statement of Assurances

The undersigned Applicant affirms and declares that:

- a. This proposal is executed and signed with full knowledge and acceptance of the NoFO terms stated in the NoFO.
- b. The Applicant will deliver programs at the cost proposed in the grant application and within the timeframes therein.
- c. The Applicant will seek prior approval from the Grant Manager before making any changes to the location of services, if applicable.
- d. Neither the Applicant nor any official of the organization or any subcontractor of the Applicant nor any official of the subcontractor organization has received any notices of debarment or suspension from contracting with the State of CT or the Federal Government.
- e. Neither the Applicant nor any official of the organization or any subcontractor to the Applicant nor any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory Name

Authorized Signatory Signature

Date

Attachment B

Conflict of Interest Disclosure Statement

Applicant/Organization: _____

I, _____, certify that this entity has no current business relationships within the past (3) years that pose a conflict of interest as defined by C.G.S. § 1-85.

| | | |
|----------------------|-------|------|
| Authorized Signature | Title | Date |
|----------------------|-------|------|

C.G.S. § 1-85. Interest in conflict with discharge of duties. *A public official, including an elected state official, or state employee has an interest which is in substantial conflict with the proper discharge of his duties or employment in the public interest and of his responsibilities as prescribed in the laws of this state, if he has reason to believe or expect that he, his spouse, a dependent child, or a business with which he is associated will derive a direct monetary gain or suffer a direct monetary loss, as the case may be, by reason of his official activity. A public official, including an elected state official, or state employee does not have an interest which is in substantial conflict with the proper discharge of his duties in the public interest and of his responsibilities as prescribed by the laws of this state, if any benefit or detriment accrues to him, his spouse, a dependent child, or a business with which he, his spouse or such dependent child is associated as a member of a profession, occupation or group to no greater extent than any other member of such profession, occupation or group. A public official, including an elected state official or state employee who has a substantial conflict may not take official action on the matter.*

A similar evaluation shall be conducted by applicants and their relationships with grant managers.

Attachment C

Budget Summary for use of R2 Funds

| Program: | Year 1 | Year 2 | Year 3 | Totals |
|---|--------|--------|--------|--------|
| 1. Salaries & Wages | | | | |
| 2. Fringe Benefits | | | | |
| 3. Contractual (Sub-Contracts) * | | | | |
| 4. Transportation | | | | |
| 5. Materials & Supplies | | | | |
| 6. Facilities | | | | |
| 7. Capital Expenses (>\$5,000) | | | | |
| 8. Client Subsidies | | | | |
| 9. Other Expenses (list) | | | | |
| a. Test | | | | |
| b. Test | | | | |
| c. Test | | | | |
| d. Test | | | | |
| e. Test | | | | |
| f. Test | | | | |
| g. Test | | | | |
| h. Test | | | | |
| i. Test | | | | |
| Total Expenses Per Year | | | | |
| Total Amount Requested for 3 years | | | | |
| | | | | |
| | | | | |

*Complete Sub-contractor Schedule A

* A&G as a percentage is not allowed. All expenses must be clearly detailed.

Applicant's Name:

FUNDING PERIOD: 99/99/9999 to 99/99/9999

Position Schedule #2a

Please include the positions to be charged against the contract and the number of hours dedicated to the project. Must include hourly rate, salary and fringe.

| Position Description and Staff Person Assigned* | Site/ Location | Hours wk/ wks per Year | Hourly Rate | Total Salary Charged | Fringe Benefit Rate % | Total Fringe Benefits |
|--|-----------------------|-------------------------------|--------------------|-----------------------------|------------------------------|------------------------------|
| 1.Position: | | | | | | |
| 2.Position: | | | | | | |
| 3.Position: | | | | | | |
| 4.Position: | | | | | | |
| 5.Position: | | | | | | |
| 6.Position: | | | | | | |
| 7.Position: | | | | | | |

***Attach resumes and job descriptions for all Professional Staff listed above**

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** X Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE
Neither

| Program: | Name | Name | Total |
|----------------------------------|-------------|-------------|--------------|
| Fund: | | | |
| Line Item(s) | | | |
| Test | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Subcontract Amount: | | | |