GOVERNOR’S URBAN YOUTH VIOLENCE PREVENTION
2007/2008
Competitive Program

STATE OF CONNECTICUT

M. JODI RELL
GOVERNOR

Application Due Date:
Wednesday, September 12, 2007

Office of Policy and Management
Robert L. Genuario
Secretary

August 10, 2007
1. Introduction

This booklet will serve to explain the application process for the competitive Governor’s Urban Youth Violence Prevention Program, and to establish the criteria by which applications will be judged. This is a competitive program for municipalities and nonprofit agencies that propose to serve youth ages 12 to 18 in urban neighborhoods. It will be administered by the Office of Policy and Management, Criminal Justice Policy and Planning Division.

The purpose of the Governor’s Urban Youth Violence Prevention Program is to reduce urban youth violence by providing grants for programs to serve youth ages 12 to 18 years of age in urban centers within Connecticut. The Governor’s Urban Youth Violence Prevention Program was created by Section 9 of PA 07-4. Funding under this program will come from the state line item in the Office of Policy and Management’s budget entitled Urban Youth Violence Prevention and from the U. S. Department of Education to the Office of Policy and Management under the federal Safe and Drug-Free Schools and Communities Act, Governor’s portion.

2. Eligibility

The eligible applicants for the Governor’s Urban Youth Violence Prevention Program include urban municipalities and nonprofit agencies operating acting on behalf of urban municipalities.

Eligible applicants may apply to serve one urban neighborhood per application. Applicants may submit multiple applications so long as each application proposes to serve a different neighborhood.

It is expected that 15 to 30 projects will be funded in the range of $50,000 to $100,000 each.

3. Application Due Date

Applications are due by 12 noon, Wednesday, September 12, 2007 at the State of Connecticut, Office of Policy and Management, 450 Capitol Avenue, Hartford, CT 06106 - 1379, Attention: Valerie LaMotte. Facsimile copies are not acceptable. An original application and 1 copy must be received, not postmarked, by the due date.

4. Technical Assistance


In addition, there will be an optional technical assistance session to be held:

DATE: Monday, August 27, 2007
TIME: 1:00 p.m. to 2:30 p.m.
PLACE: Department of Transportation, Conference Room A
        2800 Berlin Turnpike, Newington

Registration is not required, but those planning to attend are requested to notify Ms. Valerie LaMotte at Valerie.LaMotte@ct.gov.
After the training session, applicants may telephone Ms. LaMotte at 860-418-6316 for additional assistance.

5. Program Description

The Governor's Urban Youth Violence Prevention Program will support specific local initiatives to increase positive experiences for youth ages 12 through 18 years.

Applicants must propose to include the following six components.

1. Neighborhood Setting
   At a location convenient for youth within the target urban neighborhood (which could be a school building), a neighborhood site where all of the other program components can be delivered. The site will be safe, appropriate, accepting and accessible. The program will be open regular hours including weekdays, weekends, school vacations and over the summer.

2. Qualified Staff (Paid and Volunteer)
   The neighborhood site will be properly staffed with qualified, supervised and supported staff to insure the safety of the youth. Agencies will strive to provide opportunities for fostering positive relationships between staff and youth.

3. Program
   The program that is provided must be appropriate to the age, maturation level, gender, culture, and community needs of its youth clientele with a goal of preventing violence and illegal drug use. The program must be based on the principles of effectiveness, an assessment of local objective data on risk and protective factors, a set of performance measures aimed at ensuring a safe environment, and scientifically based research.

   Sites must offer a range of activities and experiences of interest to youth to include, but not be limited to, a) mentoring; b) tutoring and enrichment activities; c) social and cultural activities; d) athletic and recreational opportunities; e) training in problem-solving, decision-making, peer counseling and conflict mediation; f) strategies to address imminent violence, collaborate to reduce violence on the street and improve relations between the police and the communities they serve; and g) outreach efforts to attract children and youth who are not normally served by local educational agencies and such special populations as runaway or homeless youth, pregnant and parenting teenagers and school dropouts. Special consideration will be given to applicants that pursue a comprehensive approach to violence prevention that includes providing and incorporating mental health services related to drug and violence prevention in their program.

4. Parent Involvement
   Parents must be involved in planning the program initially and on an on-going basis. This should include many types of opportunities and communications such as parent participation on the program's advisory board or a separate parent advisory board, specific parent training on advocacy as well as parenting issues, use of parents as staff and outreach workers, and regular contact with parents of youth participants.

5. Youth Involvement
   Youth involvement means youth have many viable opportunities for input into the planning and management of the site and programs and have had such involvement in the preparation of the applicant's proposal. This also means youth leadership development activities with community
service components. Youth participation and achievement must be recognized and rewarded regularly.

6. Applicant Agency
The applicant agency and, if applicable, the implementing agency/organization for each site must be experienced in working with youth ages 12 to 18 and actively involved in the neighborhood. This includes being knowledgeable about the neighborhood and its residents and active in advocating for the service needs of youth. Sites may arrange for or provide a large variety of services for youth and their families, however they are encouraged to maximize the use of existing neighborhood youth services.

6. Performance Measurement

On a regular basis, the selected agencies receiving Governor’s Urban Youth Violence Prevention Program funding must collect data on youth who use the site, on programs offered, and on parent involvement as follows.

- **Youth Sign-In/Sign-Out Process**
  - Creation of daily sign-in/sign-out sheets from a master list of youth likely to attend the center with a line for each youth’s typed name and space where youth can sign their names.
  - Requirement for youth to sign in/sign-out and supervision of youth to assure this is done.
  - Collection, compilation, and analysis of sign-in/sign-out sheets.

- **Youth Demographic Data**
  - Collection of demographic data for each youth attending as specified on the attached Demographic Information Form.
  - Ongoing collection, compilation, and analysis of demographic data.

- **Youth Process Evaluation Questionnaire**
  - Timely and appropriate administration, collection and analysis of youth questionnaires provided by the Office of Policy and Management.
  - Provision of incentive and assistance for youth to complete the questionnaires.
  - Use of youth questionnaire data to improve center operations.

- **Permission Forms from Parent/Guardian as Appropriate**

- **Parent Involvement Data**
  - Collection of data on parent participation.

- **Attendance at Training and Technical Assistance Sessions, as Appropriate**
7. Budget Information

Allowable/Unallowable Expenses

The Governor’s Urban Youth Violence Prevention Program grantees are encouraged to maximize the use of existing services by collaborating with other agencies serving youth and families. Grant funds must be used for services and expenses that are reasonable and directly related to the provision of the required components. Construction and land acquisition are not allowable expenses.

Other Funds

Applicants must provide information on all funds that will support services by their agencies to the 12 through 18 age group. Use the Other Funds column on the budget pages for all funds other than those being requested under the Governor’s Urban Youth Violence Prevention Program.

Prohibition Against Supplanting of Funds

Funds from this program may not be used to supplant existing funds. Supplanting is defined as the use of grant funds in place of other funds currently budgeted for an activity and thereby reducing the expenditure of other funds for that activity. Supplanting can also be defined as removing other funds from an activity supported by grant funds with the effect that the activity is not increased or enhanced by the full value of the grant funds applied.

Continuation Funding

Agencies funded for 2007-2008 will be eligible for up to one additional year (12 months) of funding for FY 2008/2009 at the same level or lower, assuming state and federal funds are available and the project has demonstrated successful performance in the previous year.

8. Application Content

Each application must be prepared in conformance with this grant application kit including the forms and page instructions. Note that detailed instructions for each page, if any, follow that page. Pages 1, 6, 7, 11 and 12 must be completed on these forms. Pages 2, 3, 4, 5, 8, 9, and 10 allow the use of these forms or similar versions developed on the applicant’s computer. Please use only white 8½” x 11” paper, clipped together, no staples, no binders and no folders.

To be considered complete, an application must be signed by an authorized official. If municipal legislative approval is necessary, the signature is still required, but applicants may note that the submission is pending legislative authorization. If the applicant agency is a nonprofit agency acting on behalf of an urban municipality, an endorsement letter from the chief elected official of the municipality must be submitted with the completed application.

Applications should address each of the required component areas of the program. A project’s activities and services must be explained and justified in detail in the application.

9. Review Process and Criteria
The Office of Policy and Management will invite members of the following state agencies to sit on a peer review panel for this program: the Department of Children and Families, the Department of Education, the Department of Mental Health and Addiction Services, the Department of Public Health, the Department of Social Services, and the Office of Policy and Management. The panel will review, score, and make funding recommendations to the Secretary of the Office of Policy and Management regarding all applications which are timely submitted and deemed to be complete. Each application will be rated in the following categories:

A. Need for a Governor’s Urban Youth Violence Prevention Program as measured by:
   1. high population density of the neighborhood to be served;
   2. high rates of violent crime in the neighborhood to be served; and
   3. low numbers of youth ages 12 to 18 with access to similar types of programs offering positive experiences for youth.

B. The quality of the program proposed, which includes:
   1. responsiveness to program component requirements;
   2. the extent to which the planning for the proposed project involved youth, and the extent to which the proposed project will involve youth in leadership roles;
   3. the applicant or implementing agency’s experience working with youth ages 12 to 18 and its ability to document services provided;
   4. appropriateness and reasonableness of costs and the percent of the budget identified for direct services;
   5. maximum use of existing resources; and
   6. overall feasibility of the proposed project.

C. How the program meets the principles of effectiveness, which includes:
   1. being based on a local assessment of objective data for the neighborhood to be served regarding population density, the incidence of violence and illegal drug use, the prevalence of risk factors (including high or increasing rates of reported cases of child abuse and domestic violence), the prevalence of protective factors, and other information identified through scientifically based research;
   2. being based on scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use;
   3. the extent of meaningful and ongoing consultation with and input from parents in the development of the application and in the proposed administration of the program.

The panel may recommend, and the State of Connecticut may award grants with, reductions of the amounts of funding requested in the applications to achieve a level of funding for each application which, in its discretion, it deems appropriate for the proposed project. The State of Connecticut reserves the right to choose not to fund any applications from this solicitation. All grant awards under this program are subject to the availability of state and federal funds.
Demographic Information Form – 2007/2008

Child’s Name: Last_______________________ First________________________ Middle Initial____

Child’s Gender: ____ Male      ____ Female

Child’s Date of Birth: Month________________________ Day_________ Year_____________

Child’s Grade in School: Check the One that Applies for September

_____ K     _____ 4     _____ 8     _____ 12
_____ 1     _____ 5     _____ 9     _____ College
_____ 2     _____ 6     _____ 10    _____ Not enrolled in school or college
_____ 3     _____ 7     _____ 11

Child’s Race/Ethnicity: Check the One that Applies

_____ White (not Hispanic/Latin)
_____ Black (not Hispanic/Latin)
_____ Hispanic/Latin
_____ Asian
_____ American Indian
_____ Other

Family Status: Check the line that best describes the adults living in this child’s home at the present time.

_____ Mother and Father       _____ Foster Parents
_____ Mother only             _____ Mother and Stepfather
_____ Father only             _____ Father and Stepmother
_____ Other Relatives        _____ Other (please specify): ____________________

Household Income: It is important to know something about the household income levels of the children using the center.

Does the household receive AFDC / TFA? _____ Yes      ____ No

Does this child receive free / reduce price meals at school? _____ Yes      ____ No

Please provide the range this household income falls within at the present time by checking the appropriate line below.

_____ $0 - $1,000 per month OR $0 - $12,000 per year
_____ $1,001 - $2,000 per month OR $12,001 - $24,000 per year
_____ $2,001 - $3,000 per month OR $24,001 - $36,000 per year
_____ $3,001 - $4,000 per month OR $36,001 - $48,000 per year
_____ $4,001 per month OR $48,001 per year and over
Page 1 Instructions: FACE SHEET

Item 1  Select a brief (no more than four words) project title.

Item 2  Self-explanatory.

Item 3  The beginning and ending dates proposed for the operation of the project. Has been completed for applicant.

Item 4  Title of program under which funds are being requested. Has been completed for applicant.

Item 5  Usually the chief administrator for the agency.

Item 6  Signature of the person named in Item 5 and date of signature.

Item 7  The contact person for program activities authorized to represent the applicant agency to OPM.

Item 8  The contact person for grant financial records authorized to represent the applicant agency to OPM.

Item 9  Self-explanatory.

Item 10 Self-explanatory.

Item 11 "New," an application which requests funds for a project which was not the subject of an OPM grant in the preceding year. "Continuation," an application which requests OPM funds for a second, or subsequent, continuing year of project operations. Enter grant number of preceding year grant.

Item 12  Enter the amount of OPM funds requested in this application.

Item 13  Typed, single spaced, concise description of the project--do not exceed the space provided.
Page 2 Instructions: PROJECT NARRATIVE

In twenty-five (25) or fewer typed, 12 point font, double-spaced pages on 8 1/2"x11" white paper with at least a ½ inch margin on every side, please describe the proposed project using the format below. Only relevant and detailed letters of support and, for nonprofit agency applicants the required letter of endorsement from the municipality’s chief elected official, will be accepted as an appendix. Other materials must be included in the narrative. Use additional pages as required up to the maximum of 25. Please number the pages of the project narrative.

Please copy the question in bold type and answer in regular type.

1. Very briefly describe the neighborhood to be served, the local assessment of objective data for the neighborhood, and current levels of youth services available to neighborhood youth ages 12 to 18. Be sure to include neighborhood data on population density and rates of violent crime.

2. How have youth and parents been involved in planning this project? Indicate the numbers involved and how they were identified.

3. Describe what the project will do and with whom. Discuss the six program components in order: neighborhood setting, staff, program, parent involvement, youth involvement, and applicant agency.

4. How many youth will be served and how will these youth be identified? Be sure to provide a plan for providing outreach to youth who are not normally served by local educational agencies and/or to special youth populations.

5. What opportunities for leadership will youth have as part of this project?

6. Describe the agency’s experience with youth including the system for documenting service provision, particularly youth attendance data. Include the average number of youth served daily during 2006/2007 and the percent of youth served who were 12 to 18 years of age.

7. What program improvement efforts were implemented by the applicant agency for services provided to youth ages 12 to 18 in 2006/2007?

8. Describe at least one change (benefit) expected to occur in youth as a result of their participation in this project.
Page 3/4 Instructions: BUDGET ITEMIZATION

The proposed budget for the project is to be itemized on pages 3 and, if necessary, 4 of the grant application form. The budget should be for the proposed period of award specified in Item 3, Page 1 of the grant application form. Enter the project title and the name of the applicant at the top of the page. Enter funds budgeted in the column. Line items in the budget should be personnel, travel, equipment, supplies, consulting and contractual, facilities, and other. See below for explanations. Note this should be a 9-month budget.

A. Personnel SALARIES
Job titles—identify personnel by job title i.e. project director, social worker, secretary. Use classified job titles if applicable.
Annual salary—enter annual salary for each position. For non-salaried positions, enter wages for a year. Enter salaries total.
Percent time—enter percent of time that each person will work on the project.
Total project budget—equals annual salary multiplied by percent of time. Enter salaries total for requested funds.

Note: Personnel time and attendance records must be kept for auditing purposes.

FRINGE BENEFITS
Enter the amount of anticipated fringe benefit expenditures for the personnel positions listed. Show the percentage used to compute this figure. (It is acceptable for fringe benefit costs to be identical to those granted to regular employees of the applicant agency.) Enter fringe benefits total for requested funds. Enter personnel total for requested funds.

B. Travel
Expenses for travel may include mileage, subsistence, registration or tuition costs for seminars or workshops, and lodging and transportation necessary for project staff training. Mileage expenses should be those normally allowed by the applicant agency, but must not exceed federal rates. The amount allowed per mile by the applicant agency must be stated on the budget itemization. Enter travel total for requested funds.

Note: Records of travel expenditures must be kept on file for auditing purposes.

C. Equipment
List all proposed equipment and the amount per unit (e.g. 5 desks @ $100 each). The cost for each item should include taxes, delivery, installation, and all other related charges, except the leasing or rental of equipment, which should be entered in Budget Category E. Consulting and Contractual. Detailed inventory records must be maintained on all equipment to allow for the exercising of proper controls and to expedite the grantee's filing of reports during and at the expiration of the period of award. Enter equipment purchases total for requested funds.

Note: Equipment with an initial purchase price of less than $25 per item should be listed in Budget Category D. Supplies.

D. Supplies
Enter the item quantity and total purchase price. Consumable expenses include office supplies, postage, and reproduction and printing costs. Include equipment items with an initial purchase price of less than $25 per item. Enter supplies total for requested funds.

E. Consulting and Contractual
Contractual agreements are arrangements in which there is a written agreement specifying the provision of goods and services in exchange for financial reimbursement. Enter the type of service to be purchased and the fee or rate of payment intended. If known, please identify specific contractor and subcontractor agencies, amount of funds earmarked to each. Enter consulting and contractual total for requested funds.

F. Facilities
Indicate the actual cost of any rented or leased space, whether for office, residence or any other purpose. Enter facilities total for requested funds.

G. Other
Enter the cost for telephone service as well as for other anticipated expenditures that do not fit into the previous categories, i.e. books, periodicals, utilities. Also enter indirect costs, if any. Indirect costs may not exceed 5% of the total grant funds requested. Enter other total for requested funds.

Grant totals
Enter grant total. Enter name, title, signature and date for preparation of budget itemization.
Page 5 Instructions: BUDGET NARRATIVE

The budget narrative should provide the following information for each budget category: 1) a complete, but concise description of the item budgeted, and 2) how the costs for each item were derived. Enter the project title and the name of the applicant agency at the top of each page. Use additional pages as necessary. Note this should be a 9-month budget.

A. Personnel SALARIES
For each job title, describe the responsibilities of the position and the minimum qualifications. Explain the relationship of each position to the objectives of the project. For salaried positions, explain how the salary figure was determined. For non-salaried positions, explain the basis for your computations (i.e. amount/hour x hours/week x number of weeks).

FRINGE BENEFITS
List items used to calculate the indicated fringe benefit rate i.e. Social Security, Blue Cross, Unemployment Insurance, Workmen's Compensation, Life Insurance, etc.

B. Travel
Describe in detail expected travel costs for project staff. Conference and seminar titles and costs should be listed if known.

C. Equipment
List all equipment to be purchased. Explain the relationship of all equipment to the objectives of the project. Explain how cost figures were determined.

D. Supplies
Describe the basis for computing consumable expenses and explain any unusual types or quantities of consumable items.

E. Consulting and Contractual
For each contractual service and/or known contractor and subcontractor, describe the nature of the service to be performed. List the number of days of services, daily fee rate and other related costs. Describe related costs in detail. Explain the relationship of all contractual services to the objectives of the project.

F. Facilities
Describe the cost per square foot, the number of square feet, and the number of project personnel that will use the rented or leased facility. Explain how the cost figure for the space was determined. Describe in detail any unusual lease or rental agreements, contingencies or anticipated obstacles in acquiring facilities, i.e. availability, zoning, licensing, certifications, etc.

G. Other
Describe all other costs and indicate the basis for your computations. Explain the relationship of all other expenses to the objectives of the project.
INSTRUCTIONS CERTIFICATION REGARDING DEBARMENT

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
Submit the following checklist with the original application.

Page 1

Is the application signed by an authorized official?  ____
Are the telephone and FAX numbers and e-mail addresses included for items 7 and 8?  ____
Is the applicant's fiscal year entered in item 11?  ____

Page 2

Has the project narrative been presented in the order requested in the instructions?  ____
Has each item required in the instructions been answered?  ____

Pages 3, 4 and 5

Is the budget prepared for the 9-month period of October 1, 2007 to June 30, 2008?  ____
Is the arithmetic correct on these pages?  ____
Has the budget preparer signed on page 4?  ____
Is there an explanation for each budget item in the budget narrative?  ____

Pages 6, 7, 8, 11 and 12

Has each page been completed and signed by a proper authority?  ____

Pages 9 and 10

Complete these pages only if the proposed budget includes contractual items with the specific identified contractor agencies.  ____

Overall

Have one original and one copy been prepared for delivery to the Office of Policy and Management by September 12, 2007?  ____
Have all instruction pages been removed from the application submission?  ____
Is the original on 8 ½ x 11 white paper, clipped, with no staples, binders or folders?  ____
**1. Project Title**

**3. Proposed Period of Award**
October 1, 2007 to June 30, 2008

**4. Program Category/Activity**
Governor’s Urban Youth Violence Prevention Program

**5. Name of Official Authorized to Sign for Applicant Agency**

**6.** I, the undersigned, for and on behalf of the named applicant agency, do herewith apply for this grant, and attest that, to the best of my knowledge, the statements made herein are true.

**Signature___________________**
**Date________________________________________**

(Please note signatures also required on pages 4, 6, 7, 8, and 11, and 10 if applicable)

**7. Project Director**

**8. Financial Officer**

**9. Federal Employer Identification # (nonprofit agencies only)**

**10. Audit:** Date of last audit:

**11. Application is for:**

**12. Grant Funds Requested:**

**13. Summary Project Description**
PROJECT NARRATIVE

Applicant:

Project Title: ________________________________
Note this should be a 9-month budget.

APPLICANT:  
PROJECT TITLE:  
GRANT #:  

<table>
<thead>
<tr>
<th>A. PERSONNEL</th>
<th>TOTAL PROJECT BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES</td>
<td>ANNUAL</td>
</tr>
<tr>
<td>SALARY</td>
<td>TIME</td>
</tr>
<tr>
<td>Requested Funds</td>
<td>Other Funds</td>
</tr>
<tr>
<td>SALARIES TOTAL</td>
<td></td>
</tr>
<tr>
<td>FRINGE BENEFITS</td>
<td></td>
</tr>
<tr>
<td>CALCULATED AT</td>
<td>%</td>
</tr>
<tr>
<td>FRINGE BENEFITS TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

| B. TRAVEL | |
| TRAVEL TOTAL | |

| C. EQUIPMENT | |
| EQUIPMENT TOTAL | |

Page 3
Note this should be a 9-month budget.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL PROJECT BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requested Funds</td>
</tr>
<tr>
<td>D. SUPPLIES</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>E. CONSULTING &amp; CONTRACTUAL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>F. FACILITIES</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>G. OTHER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUPPLIES TOTAL: 

CONSULTING & CONTRACTUAL TOTAL: 

FACILITIES TOTAL: 

OTHER TOTAL: 

GRANT TOTAL: 

Prepared
By________________________________________
Signature__________________________________
Date_____________________

(PROJECT DIRECTOR OR FINANCIAL OFFICER)
BUDGET NARRATIVE

Note this should be a 9-month budget.
Applicant:

Project Title:
The contract to be awarded is subject to contract compliance requirements mandated by Section 4a-60 of the Connecticut General Statutes; and, when the awarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 et seq of the Regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-11a and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-21 et seq. of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors, and suppliers of materials." "Minority business enterprise" is defined in Section 4a-60(b) of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) who are active in the daily affairs of at the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n."

"Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans... (2) Hispanic Americans... (3) Women... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians." The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 et seq. of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contractor compliance requirements:

(a) the bidder's success in implementing an affirmative action plan;
(b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Regulations of Connecticut State Agencies, inclusive;
(c) the bidder's promise to develop and implement a successful affirmative action plan;
(d) the bidder's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevance labor market area; and
(e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-21 et seq. of the Contract Compliance Regulations.

Instructions: Bidder/Grant applicant must sign acknowledgment below and return signed page to Awarding Agency along with bid/grant proposal. Please retain a copy for your files.

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidders " Form.

_________________________________________________       _______________________
Contractor's/Grantee's Authorized Signature       Date

On behalf of:

_________________________________________________

Page 6
Evidence of Nondiscrimination Form

State of Connecticut
Office of Policy and Management
450 Capitol Avenue-MS#52CPD
P. O. Box 341441
Hartford, CT 06134-1441

<table>
<thead>
<tr>
<th>Name &amp; Address of Firm:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Dear:

We have read the extract provided of Connecticut General Statutes (Sec. 4-114a) and Connecticut State Agencies’ Regulations (Sec. 4-114a-2) and agree with the principles expressed therein.

We offer as evidence of nondiscrimination and of our agreement and ability to meet contract compliance regulations one or more of the following factors and have enclosed appropriate, related documentation.

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>EVIDENCE ENCLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>success in implementing an affirmative action plan;</td>
</tr>
<tr>
<td>(b)</td>
<td>success in developing an apprentice-ship program in compliance with Section 46-68-1 to 46a-68-17 inclusive, Regulations of Connecticut State Agencies;</td>
</tr>
<tr>
<td>(c)</td>
<td>promise to develop and implement a successful affirmative action plan;</td>
</tr>
<tr>
<td>(d)</td>
<td>submission of EEO-1 data indicating that the composition of its workforce is at or near parity in the relevant labor market area; and</td>
</tr>
<tr>
<td>(e)</td>
<td>promise to set aside a portion of the contract for legitimate minority business enterprises.</td>
</tr>
</tbody>
</table>

Dated:                                    Signature:  
                                           Title:
CONTRACTOR/GRANTEE COMPLIANCE FORMS

WORKFORCE ANALYSIS

Contractor/Grantee Name: ________________________________ Total # of CT employees: __________
Address: ____________________________________________ Full-time ____ Part-time ____
____________________________________________________
____________________________________________________

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

<table>
<thead>
<tr>
<th>JOB CATEGORIES</th>
<th>OVERALL TOTALS (sum of all columns - male &amp; female)</th>
<th>WHITE (NOT OF HISPANIC ORIGIN)</th>
<th>BLACK (NOT OF HISPANIC ORIGIN)</th>
<th>HISPANIC</th>
<th>ASIAN OR PACIFIC ISLANDER</th>
<th>AMERICAN INDIAN OR ALASKAN NATIVE</th>
<th>PEOPLE WITH DISABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
</tr>
<tr>
<td>Officials &amp; Managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office &amp; Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craft Workers (Skilled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatives (Semi-skilled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers (Unskilled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS ABOVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS ONE YEAR AGO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FORMAL, ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above.)

Apprentices

Trainees

EMPLOYMENT FIGURES WERE OBTAINED FROM: ----- VISUAL CHECK
----- EMPLOYMENT RECORDS
----- OTHER

_________________________________________ _____________
Contractor's/Grantee's Authorized Signature Date
## SUB-CONTRACTORS FORM

<table>
<thead>
<tr>
<th>Contractor/Grantee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Town</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
<th>FAX Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E-mail

**Instructions**: Identify all sub-contractors who will provide service/supplies for this contract. Provide the name, address, contact person, and a description of the services to be provided. Good faith efforts must be made to utilize minority businesses. Minority businesses in this case means those owned and operated by Blacks, Hispanics, Women, Asian, Pacific Islanders and/or American Indians. Please indicate whether such good faith efforts have been made.

Name:

Address:

Contact Person:

Description of Services:

Dollar Amount:

Name:

Address:

Contact Person:

Description of Services:

Dollar Amount:
Name:
Address:
Contact Person:
Description of Services:
Dollar Amount:

Name:
Address:
Contact Person:
Description of Services:
Dollar Amount:

Name:
Address:
Contact Person:
Description of Services:
Dollar Amount:

_______________________________________________  _________________
Signature                                      Date

Page 10
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS
(Sub-Recipient) and
NON-SUPPLANTING CERTIFICATION

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 85, Section 85.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160 - 19211).

(Before completing certification, read instructions.)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

and

The undersigned certifies that the grant funds will be used to supplement and not to supplant funds otherwise available.

________________________________________________________
Name and Title of Authorized Representative

________________________________________________________
Signature                                     Date

________________________________________________________
Name and Address of Organization

Page 11