

State of Connecticut
Office of Policy and Management
NONPROFIT GRANT PROGRAM
APPLICATION FORM

PART 1
PARTICIPANT PROFILE

A. Organization Profile:

Legal Name and address of the Headquarters of the Organization:		
E-mail address of Authorized Official:		
Name and Title of the Authorized Official:		
Telephone Number of Authorized Official:		
Location Address:	Year Established:	
Mailing address of Authorized Official:	Fiscal Year of Organization From: To:	
Business ID# (as assigned by the Secretary of the State):		Number of Years at Current Location:
Is your organization exempt from taxation under IRS Section 501(c)-3? Yes No <i>If yes, please attach letter from IRS indicating such status. Please note, tax exempt status under IRS Section 501(c)(3) is required to be eligible for funding under this program.</i>		
Is your organization headquartered in Connecticut? Yes No		

B. Brief description of Provider Organization and services provided (limit response to the space provided below):

--

C. List all of your State health and human service contracts or agreements with State agencies in current year. Please note: Only organizations that have such contracts or agreements with the State are eligible for funding under this program.

State Agency Name	Amount of Funding In Current Fiscal Year	Summary of Program Type(s)
TOTAL		

D. QUESTIONS AND OTHER INFORMATION**1) GENERAL**

a. Has the organization experienced any management or ownership changes in the last two years?

☐**Yes**☐**No**

If yes, please explain here.

b. Is your organization in good standing with the State of Connecticut and all regulatory authorities?

☐**Yes**☐**No**

If no, please explain here.

c. Has the State ever terminated or suspended a contract with the organization for breach or over concerns about the health or welfare of clients?

☐**Yes**☐**No**

If yes, explain here.

2) FINANCIAL INFORMATION

a. Has the organization ever declared bankruptcy?

☐**Yes**☐**No**

If yes, explain here.

b. Are any local, State, or federal taxes currently past due (unpaid) by the organization?

☐**Yes**☐**No**

If yes, explain here.

3) OTHER INFORMATION

a. Is the organization currently involved in, or anticipate any litigation or other legal claims?

☐**Yes**☐**No**

If yes, explain here.

b. Has any agency of the State of Connecticut or federal government taken any action against your organization or principals of the organization?

☐**Yes**☐**No**

If yes, explain here.

c. Does your organization employ or contract with (1) any elected public official or the spouse of any elected public official; or (2) any employee or the spouse of an employee who has supervisory or appointing authority over the Office of Policy and Management?

☐**Yes**☐**No**

If yes, explain here.

d. Does your organization have any related parties (including, but not limited to, holding or subsidiary companies)?

☐**Yes**☐**No**

If yes, list all related parties under common control and the purpose of each here.

E. CERTIFICATION OF APPLICATION

My signature below, for and on behalf of

_____, certifies and

(Name of Organization)

indicates acceptance of the following:

1. I have the authority to submit this grant application on behalf of the Board of Directors. Please note for any awards selected, a Certified Resolution will be required from the Board of Directors.
2. I understand that, if this grant application is approved, I will be required to sign an agreement delineating the terms and conditions of the grant with the State administering agency;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the State of Connecticut or the State administering agency;
4. I understand that if actual project costs are less than the grant award funding received, or if project costs are disallowed as ineligible by the State, such unexpended funds or funds for disallowed costs will have to be returned to the State; and
5. I hereby certify that the statements contained in the responses to this application and accompanying forms and documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the proposed project in accordance with the representations contained herein.

Signature of Authorized Official

Name of Authorized Official

Date

F. Forms (which are attached at the end of this application – IMPORTANT: save work before proceeding to link)– Are the following forms on State Department of Administrative Services’ Biznet site? If not, please attach a copy:

- 1) State of Connecticut, Nondiscrimination Certification (Rev. 07-08-2009) ([Form 1](#))
☐ **Yes** ☐ **No** *If no, please attach*
- 2) State of Connecticut, Acknowledgement of Contract Compliance, Notification To Bidders ([Form 2](#))
☐ **Yes** ☐ **No** *If no, please attach*
- 3) State of Connecticut, Contract Compliance Monitoring Report (Parts I-V) ([Form 3](#))
☐ **Yes** ☐ **No** *If no, please attach*

G. Financial Audits

Financial

- 1) Has your organization had State Single Audits Completed for the most recent two fiscal years?
☐ **Yes** ☐ **No**
- 2) If answer to G.1.a is yes, are these audits on OPM’s web-site at:
<https://www.appsvcs.opm.ct.gov/Auditing/Public/Report.aspx>
☐ **Yes** ☐ **No** *If no, please attach*
- 3) If answer to G.1 is no, please submit copies of any independent financial audits and the IRS Form 990 (Return of Organization Exempt Form Income Tax, plus any additional forms or attachments submitted to IRS with the return) for the two most recent years.

PART 2--PROJECT APPLICATION

- 1) *Submit separate Part 2--Project Application for each project***
- 2) *For facility improvement or purchase, submit separate Part 2--Project Application for each location***
- 3) *Review Pages 6 – 7 of Program Guidelines and Application Instructions***

A. Name and purpose of Project:

- 1) Name of Project:

- 2) Purpose: (What is to be achieved by this project? Also, please indicate the amount of money received from the State for the program(s) impacted by this project and how many clients are served by the program(s)) (Limit response to space provided below)

B. Description of Project:

- 1) Please describe in detail the work to be done. (Limit response to space provided below)

2) Please provide a detailed **project schedule** for the project, including cash flow needs.

Project Activity	Start Date (mm/dd/yyyy)	End Date (mm/dd/yy)	Cash Flow Needs (Use "Total" form Project Total Column from Section C- Budget)	Description
		TOTAL (Please tie to total project budget)		

C. Please provide a line item budget and narrative for each project for which you are requesting, including all funds.

Budget - Line Item	Funding Sources								Project Total
	NGP Funds	Applicant Funds	Federal	State Non-NPG	Municipal	Private	Loans	Other	
Construction Costs:									
Alterations, Renovations, Improvements									
New Construction-new building/addition									
Facility Purchase									
Architectural, Engineering									
Sub-Total-Construction									
Equipment:									
Sub-Total-Equipment									
Technology:									
Software									
Hardware									
Sub-Total-Technology									
Vehicle:									
Sub-Total-Vehicle									
Other:									
Total									

Budget Narrative: (Attach additional pages as needed)

D. Describe the Non-NGP Funds to be used for Project Budget From Section C above:

Non-NGP Revenue Source (from Budget, Section C)	Amount ("Total" from Budget, Section C)	Please describe the revenue source and its availability in relation to the Project Schedule outlined in Part 2, Section B.2 above (Note: The purpose of this information is to determine if the receipt of these funds are feasible within the timeframes included in the Project Schedule)
Applicant Funds		
Federal		
State Non-NGP		
Municipal		
Private		
Loans		
Other		

E. List of Procurements (e.g. facility purchase, construction or renovation project, equipment or vehicle purchase) needed for the project and a description of the sources and methodology used to develop the related cost estimates (Please see Page 6 of the Nonprofit Grant Program Guidelines and Application Instructions regarding cost estimates for Facility Improvements or Purchase and Equipment, Technology and Vehicles)

Procurement Item	Cost	Description of the Sources and Methodology Used to Develop Cost Estimate

- F. The purpose of this chart is to determine the projected increases or decreases in budgetary expenses and revenues as a result of the Project. For impacted line-items only, indicate the expense and revenue increases or decreases compared to current expenses or revenues as a result of the of the Project for each of the five years_ (Example: If the project saves \$1,000 in a line item in year 1 and has the same \$1,000 impact in year 2, show \$1,000 for each of the two years. If the savings grow by another \$1,000 in year 3, show \$2,000 in savings for year 3, and so on)**

Expense Line-Item Impacted by Project	Year 1 Increase/ (Decrease) Compared to Current Expense	Year 2 Increase/ (Decrease) Compared to Current Expense	Year 3 Increase/ (Decrease) Compared to Current Expense	Year 4 Increase/ (Decrease) Compared to Current Expense	Year 5 Increase/ (Decrease) Compared to Current Expense
1.					
2.					
3.					
4.					
5.					
Total for Expenses					
Revenue Line-Item Impacted by Project	Year 1 Increase/ (Decrease) Compared to Current Revenue	Year 2 Increase/ (Decrease) Compared to Current Revenue	Year 3 Increase/ (Decrease) Compared to Current Revenue	Year 4 Increase/ (Decrease) Compared to Current Revenue	Year 5 Increase/ (Decrease) Compared to Current Revenue
1.					
2.					
3.					
4.					
Total for Revenue					
Total Expenses and Revenue					

Narrative (attach additional narrative pages as needed)

- G. The associated improvements in service effectiveness, capacity, safety, accessibility or in other areas to be achieved as a result of the Project.**

Improvement to be achieved (Please specify)	Description	Please quantify to the extent possible

H. QUESTIONS FOR FACILITY IMPROVEMENT, CONSTRUCTION AND PURCHASE ONLY

Answer the questions below. Attach additional sheets as needed.

1. Is the property leased? ☐ **Yes** ☐ **No**
2. Name and address of owner of the property:
3. What is the current or anticipated use of this facility?
4. How many State agency clients are currently served or will be served in this facility (SFY 2014)?
If none, please explain
5. Is the applicant in default under any current loan agreement?
☐ **Yes** ☐ **No** If yes, explain.
6. Are there any other outstanding financial obligations related to this facility.
☐ **Yes** ☐ **No** If yes, explain.
7. Has the applicant received past funding for improving this facility from any State or Federal Agency in the past 10 years?
☐ **Yes** ☐ **No** If yes, provide the name of the State or Federal Agency, purpose and amount of the funding, and funding date.
8. Is this site under foreclosure proceedings?
☐ **Yes** ☐ **No** If yes, explain.
9. If applicant-owned: Are the real estate taxes on this site paid up-to date?
☐ **Yes** ☐ **No** ☐ **N/A** If no, explain and list amount of unpaid taxes.
10. Does the applicant own the Facility but lease the land?
☐ **Yes** ☐ **No** If yes, explain.
11. Is any space now used by another individual or entity? If yes, explain.
☐ **Yes** ☐ **No**

Will any space in the facility be used in the future by any other individual or entity?

☐ **Yes** ☐ **No** If yes to either question, explain. Include the name of each individual or entity, the square footage to be used by each individual or entity, and whether the entity is exempt from federal income tax under Section 501(C)(3) of the Internal Revenue Code.

12. Are any individuals or companies that provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?

☐ **Yes** ☐ **No** *If yes, list all related parties under common control and the purpose of each.*

13. Will completion of the facility improvement project result in future increases to any of the following operations expenses: (Check if yes)

☐ **personnel expenses** ☐ **social security or other fringe expenses** ☐ **consultant or contractual services expenses** ☐ **travel expenses** ☐ **consumable expenses** ☐ **rent expense** ☐ **equipment or capital asset expenses** ☐ **other expenses**

I. Forms and Submittals for Facility Improvement, and Purchase Only

1. Did you use your municipality's assessed value of the property to calculate the amount of the grant request?

☐ **Yes** ☐ **No** *If yes, please attach the assessor's card*

2. Please complete the Lien Analysis Form (Attached) ([Form 4](#))

3. *For Facility Improvement Only:* Is the facility to be improved leased?

☐ **Yes** ☐ **No** *If yes, please submit lease agreement*

4. *For Facility Improvement and Purchase Only:* Are local or state approvals required for the intended future use of the property? ☐ **Yes** ☐ **No**

If yes, have approvals been obtained? ☐ **Yes** ☐ **No** *If no, please explain*

5. *For Facility Purchase Only:* How did you or will you advertise the need and specifications for the facility?

6. *For Facility Purchase Only:* Do you have a formal agreement to Purchase?

☐ **Yes** ☐ **No** *If yes, please submit. If no formal agreement, please provide below a written status of anticipated purchase, including name and address of seller, a description of the facility and its condition, any contingencies associated with the purchase, monies or deposits given and terms of any tentative agreement*



OFFICE OF POLICY AND MANAGEMENT

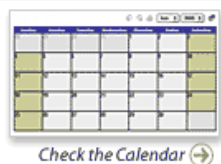
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Secretary of OPM
Benjamin Barnes

For Finance
(860) 418-6422

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Offices & Divisions



REQUIRED FOR ALL CONTRACT TYPES

Nondiscrimination Certification

Effective Date: June 30, 2009

[Form A](#) Representation By Individual [Form D](#) New Resolution By Entity
[Form B](#) Representation By Entity [Form E](#) Prior Resolution By Entity
[Form C](#) Affidavit By Entity

DESCRIPTION

The Office of the Attorney General has approved the above nondiscrimination certification forms to assist executive branch agencies in complying with the State's contracting requirements under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

By law, a contractor must provide an awarding State agency with *written representation or documentation* that certifies the contractor complies with the State's nondiscrimination agreements and warranties prior to the award of a contract. If after the initial submission there is any change in such representation, the contractor shall provide the updated representation to the State or such political subdivision not later than thirty (30) days after such change or upon the execution of a new contract with the state or political subdivision of the state whichever is earlier. Such contractor shall also certify no later than fourteen (14) days after the twelve (12) month anniversary of the most recently filed non-discrimination certification that the representation on file is current and accurate.

A nondiscrimination certification is generally required for all State contracts – regardless of type, term, cost, or value. **See list of exempt entities (below).

FORMS

There are five different certification forms one of which must be submitted in writing or electronically. Form A is always used for contracts with an individual who is not an entity, regardless of the contract value. Form B is always used for contracts with an entity when the contract value is less than \$50,000. Form C is recommended for contracts valued at \$50,000 or more with an entity. If Form C is not used, either Form D or E must be used; both require a resolution (new or prior).

For Use By:	Value Less Than \$50,000	Value \$50,000 or More
Individual	Form A Representation	
Entity	Form B Representation	Form C Affidavit
		Form D New Resolution
		Form E Prior Resolution

Definitions



- *individual*: a person who is not an entity
- *entity*: corporation, limited liability company, or partnership

EXPLANATION OF FORMS

Form A. Representation: For use by an individual when entering into any contract, regardless of contract value.

Form B. Representation: For use by an entity when entering into any contract valued at less than \$50,000 for any year of the contract.

Form C. Affidavit: (Recommended for contracts at or above \$50,000) For use by an entity when entering into any contract valued at \$50,000 or more for any year of the contract **and** the entity certifies through an affidavit that a complying nondiscrimination policy is currently in place.

Form D. New Resolution: For use by a entity when entering into any contract valued at \$50,000 or more for any year of the contract **and** the entity has a complying nondiscrimination policy adopted by a new resolution of the board of directors, shareholders, managers, members, or other governing body.

Form E. Prior Resolution: For use by a entity when entering into any contract valued at \$50,000 or more for any year of the contract **and** the entity has a complying nondiscrimination policy adopted by a prior resolution of the board of directors, shareholders, managers, members, or other governing body.

EXEMPTIONS

Pursuant to Public Act No. 09-158, Section 1(a)(5)(d), the entities listed below are exempt and, therefore, not required to submit a nondiscrimination certification form when entering into a contract with the State:

1. political subdivisions of the State of Connecticut, including, but not limited to municipalities;
2. quasi-public agencies, as defined in C.G.S. § 1-120;
3. other states of the United States, including, but not limited to, the District of Columbia, Puerto Rico, U.S. territories and possessions, and federally recognized Indian tribal governments, as defined in C.G.S. § 1-267;
4. the federal government;
5. foreign governments; and
6. an agency of a subdivision, agency, state or government listed in items 1-5.

For Further Information, Contact:

Please direct any questions about the nondiscrimination certification forms to the Commission on Human Rights and Opportunities:

Tel. 860/ 541-3400
Connecticut Toll Free Tel. 1-800/ 477-5737

Content Last Modified on 9/30/2011 9:38:35 AM

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Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60(a)(1), as amended

Printed Name _____



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION — Representation
By Entity
For Contracts Valued at Less Than \$50,000

Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at less than \$50,000 for each year of the contract. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

REPRESENTATION OF AN ENTITY:

I, _____ , _____ , of _____ ,
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of _____ ,
Name of State or Commonwealth

represent that I am authorized to execute and deliver this representation on behalf of

_____ and that _____
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signatory

Date

Printed Name

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

Commission Expiration Date



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – New Resolution
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of a contractor that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

CERTIFICATION OF RESOLUTION:

I, _____ , _____ , of _____ ,
Authorized Signatory Title Name of Entity
an entity duly formed and existing under the laws of _____ ,
Name of State or Commonwealth
certify that the following is a true and correct copy of a resolution adopted on the _____ day of
_____, 20_____ by the governing body of _____ ,
Name of Entity
in accordance with all of its documents of governance and management and the laws of
_____, and further certify that such resolution has not been modified
Name of State or Commonwealth
or revoked, and is in full force and effect.

RESOLVED: That the policies of _____ comply with the
Name of Entity
nondiscrimination agreements and warranties of Connecticut General Statutes
§§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

The undersigned has executed this certificate this _____ day of _____ , 20_____ .

Authorized Signatory

Date

Printed Name



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION — Prior Resolution
By Entity
For Contracts Valued at \$50,000 or More

Documentation in the form of a corporate, company, or partnership policy adopted by a prior resolution of the board of directors, shareholders, managers, members or other governing body of a contractor that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Attach copy of previously adopted resolution (*State of CT, Nondiscrimination Certification, Form D: New Resolution*). Submit all documentation to the awarding State agency prior to contract execution.

CERTIFICATION OF PRIOR RESOLUTION:

I, the undersigned, am a duly authorized corporate officer or member of _____.
Name of Entity

I have reviewed the attached prior resolution. I certify that:

- (1) the attached prior resolution complies with the nondiscrimination agreements and warranties of
Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended; and
- (2) the prior resolution remains in full force and effect on the date this documentation is submitted to the
awarding State agency.

Authorized Signatory

Title

Printed Name

Date

RESERVED FOR STATE USE

I, the undersigned head of the awarding State agency, or designee, certify that the attached prior resolution complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Signature of Agency Head (or designee)

Date

Awarding State Agency

NOTIFICATION TO BIDDERS/GRANTEES:

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a 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 4-114a-1 et. Seq. of the Regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(9) 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 4-114a 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 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 4-114a-1 (10) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s/grantee’s qualifications under the contract compliance requirements:

- a) the bidder’s/grantee’s success in implementing an affirmative action plan;
- b) the bidder’s/grantee’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- c) the bidder’s/grantee’s promise to develop and implement a successful affirmative action plan;
- (d) the bidder’s/grantee’s submission of EEO-1 data indicating that the composition of the work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- (e) the bidder’s/grantee’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-114a-3 (10) of the Contract Compliance Regulations.

***INSTRUCTION:** Bidder/Grantee must sign acknowledgment
Below, detach along dotted line and return
Acknowledgment to Awarding Agency along with
bid proposal.

The undersigned acknowledges receiving and reading a copy of the “Notification to
Bidders/Grantees” form.

Signature:

Date:

on behalf of:

**COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS
NOTIFICATION TO BIDDERS**

(Revised 09/17/07)

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) 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 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 daily affairs of 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) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s qualifications under the contract 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 Administrative 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 employment statistics contained in the “Employment Information Form”, indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant 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-30(10)(E) of the Contract Compliance Regulations.

INSTRUCTIONS AND OTHER INFORMATION

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder’s “good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding ten million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.

BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.

MARKETING AND SALES: Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.

LEGAL OCCUPATIONS: In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.

COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists

ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.

OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).

BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.

CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category..

INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.

MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.

PRODUCTION WORKERS: The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.

<p><u>White</u> (not of Hispanic Origin)- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><u>Black</u>(not of Hispanic Origin)- All persons having origins in any of the Black racial groups of Africa.</p> <p><u>Hispanic</u>- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p>	<p><u>Asian or Pacific Islander</u>- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><u>American Indian or Alaskan Native</u>- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p>
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BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I - Bidder Information

Company Name Street Address City & State Chief Executive	Bidder Federal Employer Identification Number _____ Or Social Security Number _____
Major Business Activity (brief description)	Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor. Yes__ No__ -Bidder is a minority business enterprise Yes__ No__ (If yes, check ownership category) Black__ Hispanic__ Asian American__ American Indian/Alaskan Native__ Iberian Peninsula__ Individual(s) with a Physical Disability__ Female__
Bidder Parent Company (If any)	- Bidder is certified as above by State of CT Yes__ No__
Other Locations in Ct. (If any)	

PART II - Bidder Nondiscrimination Policies and Procedures

1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes__ No__	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes__ No__
2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes__ No__	8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes__ No__
3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes__ No__	9. Does your company have a mandatory retirement age for all employees? Yes__ No__
4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes__ No__	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes__ No__ NA__
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes__ No__	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes__ No__ NA__
6. Does your company have a collective bargaining agreement with workers? Yes__ No__ 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes__ No__ 6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct? Yes__ No__	12. Does your company have a written affirmative action Plan? Yes__ No__ If no, please explain. 13. Is there a person in your company who is responsible for equal employment opportunity? Yes__ No__ If yes, give name and phone number. _____ _____

1. Will the work of this contract include subcontractors or suppliers? Yes__ No__

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes__ No__

PART IV - Bidder Employment Information Date:

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	male	female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation , Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service					Work Experience	
Private Employment Agencies					Ability to Speak or Write English	
Schools and Colleges					Written Tests	
Newspaper Advertisement					High School Diploma	
Walk Ins					College Degree	
Present Employees					Union Membership	
Labor Organizations					Personal Recommendation	
Minority/Community Organizations					Height or Weight	
Others (please identify)					Car Ownership	
					Arrest Record	
					Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)
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(MODIFIED) LIEN ANALYSIS

Instructions: Provide requested information in the space below. *Attach additional sheets as needed to provide full information.*

Name of Nonprofit Provider: _____

Facility Address: _____

1. REPLACEMENT VALUE \$ _____

Construction Cost Per Square Foot \$ _____ Total Square Footage _____

Cite Source Of Standard _____

2. PURCHASE PRICE / LEASE COST

If applicant-owned property:

Purchase Price \$ _____ Year Purchased: _____

If applicant-leased property:

Lease Per Month \$ _____ Lease Per Year \$ _____

Current Annual Real Estate Market Estimates For Rent: \$ _____

Describe any accommodation(s) the owner has made or will make if a State-funded improvement occurs:

3. USE OF BOND FUNDS:

Is applicant requesting funds to purchase this property? [] yes [] no Amount \$ _____

Is applicant requesting funds to improve this property? [] yes [] no Amount \$ _____

4. CURRENT LIEN VALUE

List below all current (existing or proposed) liens. Give the name of the lien holder, date lien was placed, amount of total lien, anticipated termination date, and current value.

Name of Lien holder	Date Placed	Total Lien Amount	Anticipated Term. Date	Current Value
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5. CURRENT MORTGAGE BALANCE FOR OWNED OR LEASED PROPERTY

Balance \$ _____ Balance Date _____

6. CURRENT MARKET VALUE: \$ _____

Attach written appraisal/assessment or letter from realtor with current market value.

There must be at least \$3,000 of equity between the total lien amount and the current market value to be considered for funding.

If there is more than a \$5,000 difference between the purchase price and current market value, explain below (i.e., past renovations increased value, property purchased 20 years ago, etc.).

Signature of Authorized Official

Printed Name of Authorized Official

Date