



Reimagine & Revitalize (R2) Funding Application East Haven, New Haven, West Haven

COVER SHEET

Applicant's Information

1. Applicant's* Legal Name:

2. Select the R2 Program Priority you are applying for: *(Choose one)*

Economic Development	Reentry Initiatives	Youth Initiatives
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a. **If Economic Development is selected**, are you applying for a Shovel-Ready Project? *(Choose one)*

Yes	No
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3. Select the Tier level of funding you are applying for: *(Choose one)*

Tier 1	Tier 2	Tier 3	Tier 4
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4. If you're not awarded at your first choice of Tier level, please let us know another tier that you can operate the program with? *(Choose one)*

Tier 1	Tier 2	Tier 3
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5. Applicant's Street Address:
(Address/City/Town/State/Zip Code)

6. FEIN:

7. Applicant Date of Incorporation (if applicable):

8. Applicant State of Incorporation:

9. Headquarters Location
(if different from above Street Address)

10. Applicant's Phone Number:

11. Applicant's Fax Number:

12. Applicant's Web Address:

13. Primary Contact Name and Title:

14. Primary Contact Email Address:

15. Primary Contact Phone Number:

Certifications:

- I certify that 90 - 100% of our project/program participants are residents of the Targeted Region being applied for.
- I certify that our organization is a non-profit entity located and provides services in the Targeted Region being applied for.
- I certify that our program/project has operated within the Targeted Region for at least 3 years and is aligned with at least one of the R2 Program Priorities.
- I certify that our organization is registered with the CT Secretary of State.
- I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and I am a duly authorized signatory for the applicant.

19. Virtual Signature of Authorizing Official^^

20. Date of Virtual Signature

21. Typed Name and Title

*The applicant is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds.

**Region refers to the DIA region which the applicant intends to serve if awarded a contract.

^Total proposed costs refers to the sum of all applicant's contract costs.

^^Authorized Official refers to the applicant's employee authorized to submit this NOFO and to execute documents in relation to the NOFO and any subsequent awards.

SECTION 1: LEGAL APPLICANT & ORGANIZATION INFORMATION

1.1 Legal Entity Type & Fiscal Sponsorship

Please confirm you meet both entity types below (Legal Applicant):

- Nonprofit Organization
- Business Registered with the Connecticut Secretary of the State

Does the applicant have federal nonprofit status?

- Yes No

Is the applicant applying through a Fiscal Sponsor?

- No — Applicant is the legal entity and fiscal agent
- Yes — Applicant is fiscally sponsored

If **yes**, provide the Fiscal Sponsor's legal information below. A signed **Fiscal Sponsorship Agreement / MOU** must be attached.

Fiscal Sponsor Legal Name: _____

Fiscal Sponsor FEIN:

Fiscal Sponsorship Clarification: If applying through a fiscal sponsor, the fiscal sponsor is the legal applicant, fiscal agent, contract signatory, and entity solely responsible for financial management, compliance, monitoring, and audit of R2 funds. The sponsored organization may serve as the service provider only.

SECTION 2: PROGRAM PRIORITY & FUNDING

Priority Area & Funding Tier Selection

Note: Tier 4 is available only for Economic Development and Reentry Initiatives.

Priority Area	Tier 4 (\$100k/yr)	Tier 3 (\$70k/yr)	Tier 2 (\$35k– \$50k/yr)	Tier 1 (\$25k/yr)
Economic Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Reentry Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Initiatives	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Funding Tier Justification (Required):

Briefly explain how the requested tier aligns with organizational capacity, staffing levels, administrative systems, and demonstrated performance in the selected program priority. (limit up to 3,000 characters)

SECTION 3: PROJECT OVERVIEW

3.1 Project Information

Project Title: _____

Project Overview/Executive Summary:

Please describe the primary services or activities to be funded. (limit 3,500 characters)

SECTION 4: PROGRAM NARRATIVE

A. Statement of Need (Describe the community's need in the targeted region, including municipal/local statistics, client-specific surveys, and other data sources to support the need for this project. (limit up to 4,000 characters)

B. Explain how your organization and program/project are equipped to address the Targeted Region's needs. (limit up to 4,000 characters)

4.1 Project Sustainability/Longevity (for shovel-ready and non-shovel-ready)

- A. What are your plans to sustain funding for the program/project over the next three years and beyond? (limit up to 4,000 characters)

B. What are your plans to scale or adapt the program/project if needed over the next three years and beyond? (limit up to 4,000 characters)

- C. How do you plan to keep community members and stakeholders aware and engaged of your program/project over the three-year period? (limit up to 4,000 characters)

4.2 Program Design & Goals

- A. Give a brief description of the program/project and its connection to the R2 Program Priority you are applying for. Reference your organization's quantitative and qualitative data including client feedback, past results, community conversations, etc., to support connection to the R2 Program Priority. (limit up to 4,000 characters)

- B. List your program/project's goals for the three-year period of the grant and how they connect to the R2 Program Priority you are applying for. (limit up to 4,000 characters)

4.3 Existing Programs & Services (shovel-ready and non-shovel-ready)

- A. Provide a short description of any additional programs/projects that your organization provides in the Targeted Region under the R2 Program Priority you are applying for. (limit up to 4,000 characters)

B. How do you evaluate and continue to improve your additional programs/projects (limit up to 4,000 characters)

- C. List at least three (3) measurable outputs or outcomes collected/utilized over the past three years and they are used to measure and/or inform your programming (limit up to 4,000 characters).

4.4 Programmatic Data

As part of reporting for the R2 Program, you will be asked to submit quarterly programmatic reports that include a variety of indicators.

1. State your projected total number of clients to be served in the program/project over the three-year period: *(Numbers only)*
2. Based on the R2 Program Priority you are applying for, please select the indicators that you will most likely be able to report on if funded and state the projected number of clients to be served over the three-year period for each indicator selected: *(Select all that apply)*

Economic Development

✓	Indicator	Projected # Clients Served <i>(enter only if you select the indicator)</i>
General		
	Number of clients provided economic development services	
	Number of clients who reported being unemployed	
	Number of clients who reported job loss	
	Number of clients who reported new employment	
	Number of clients that gained new subsidized employment	
	Number of clients that gained new unsubsidized employment	
	Number of clients that obtained wage increases (as a result of raise, promotion, or new employment)	
	Number of clients promoted	
	Number of clients who maintained employment for 30 days	
	Number of clients who maintained employment for 60 days	
	Number of clients who maintained employment for 90 days	
	Number of clients who reported household income under state poverty line	
Wage, Household Income, & Days Maintaining Employment		
	Average amount of wage increase (dollars per hour)	
	Average amount of client household income increase	
	Average number of days clients maintain employment	
Employment Access		
	Number of official partnerships established with employers	
	Number of clients referred to partner employers	
Workforce Development		
	Number of clients paired with a workforce mentor	
	Number of clients engaged in professional development	
	Number of clients enrolled in educational programming	
	Number of clients who obtained a high school diploma/GED	
✓	Indicator	Projected # Clients Served <i>(enter only if you select the indicator)</i>
Workforce Development cont.		
	Number of clients who obtained a college degree	
	Number of clients who received transportation assistance/solutions	
	Number of unique service hour childcare programs (2 nd & 3 rd shift)	
Job & Skills Training		
	Number of clients engaged in soft skills training (interview skills, professionalism, workplace communication, etc.)	

	Number of clients engaged in professional/job training programs	
	Number of clients who obtained professional/job training certifications	
	Number of clients engaged in entrepreneurship training	
Child Care		
	Number of childcare programs funded	
	Number of children being serviced	
	Number of children leaving child care program (aged out)	
	Number of children leaving child care program (financial)	
	Number of children leaving childcare program (other)	
	Number of children in child care program K-5	
	Number of children in child care program 6-8	
	Number of children in child care program 9-12	
Domestic Violence Support		
	Number of domestic violence impacted clients	
	Number of clients receiving emergency financial assistance programs	
	Number of clients receiving entrepreneurial training	
	Number of clients receiving professional/job training programs	
	Number of clients who received referrals for housing assistance	
	Number of clients who reported gaining transitional housing (temporary housing that offers a stable and supportive environment)	
	Number of clients who reported gaining other housing	
Neighborhood Revitalization (Shovel-Ready Projects)		
	Number of neighborhood revitalization events held	
	Number of households impacted by redevelopment (electrical, heating, roofing, etc.)	
	Number of projects receiving gap funding	
	Average amount of gap funding disbursed (in dollars)	
	Total amount of gap funding administered (in dollars)	
	Number of Neighborhood Revitalization Zone (NRZ) initiatives started	

Reentry Initiatives

✓	Indicator	Projected # Clients Served <i>(enter only if you select the indicator)</i>
General		
	Number of clients provided a reentry service	
	Number of clients served on probation, parole, or another form of community supervision	
	Number of clients who recidivate during program participation	
	Number of clients who recidivate after program completion	
Reentry Workforce		
	Number of unemployed clients	
	Number of clients who obtained new employment (can be promotions, and job placements including full or part time)	
	Number of clients that obtained wage increases (as a result of raise, promotion, or new employment)	
	Average amount of wage increase (dollars per hour)	

	Number of clients engaged in professional/job training programs	
	Number of clients who obtained professional/job training certifications	
	Number of clients engaged in entrepreneurship training	
	Number of clients engaged in soft skills training (interview skills, professionalism, workplace communication, etc.)	
	Average number of days clients maintain employment	
	Number of clients who maintained employment for 30 days	
	Number of clients who maintained employment for 60 days	
	Number of clients who maintained employment for 90 days	
Reentry Education		
	Number of clients enrolled in educational programming	
	Number of clients who obtained a high school diploma/GED	
	Number of clients who obtained a college degree	
Reentry Legal Assistance		
	Number of clients who obtained criminal legal representation	
	Number of clients who received referrals for legal assistance	
	Number of clients who received criminal legal advice	
	Number of clients who received general legal advice	
	Number of clients who received legal advice regarding expungements	
	Number of clients who completed expungement process	
Reentry Housing		
	Number of clients who reported experiencing housing instability	
	Number of clients who received referrals for housing assistance	
✓	Indicator	Projected # Clients Served <i>(enter only if you select the indicator)</i>
Reentry Housing cont.		
	Number of clients who reported gaining transitional housing (temporary housing that offers a stable and supportive environment)	
	Number of clients who reported gaining permanent supportive housing (long-term housing that combines affordable housing with supportive services)	
	Number of clients who reported gaining other type of housing	
	Number of clients who receive long-term housing subsidies	
	Number of clients who receive tenant education services (e.g., application assistance, financial literacy)	
	Number of clients who receive housing supplies and resources (e.g., utilities assistance, start-up kits, security deposit help)	
Reentry Supportive & Financial Services (including pre-trial)		
	Number of clients that received case management services (social)	
	Number of clients that received case management services (mental health support)	
	Number of clients engaged with peer navigators	

	Number of clients that received transportation assistance (e.g., bus cards, gas cards, shared rides, transportation coordination, mobility assistance)	
	Total amount of funds provided to clients for transportation assistance (in dollars)	
	Number of clients receiving food, clothing, and other amenity assistance	
	Number of clients assisted in obtaining government identification (e.g., state ID, driver's license, social security card)	
	Number of clients receiving general financial education (e.g., banking, credit scores, welfare assistance, social security, etc.)	
	Number of clients receiving technology training/assistance (e.g., digital literacy skills, facilitating communication, access to legal information, and employment opportunities)	
	Number of clients receiving childcare assistance	
	Number of clients receiving substance abuse support/treatment	
	Number of clients receiving mental health support	
	Number of health clinics held	
	Total number of health clinic attendees	
	Number of court watchers hired	
Justice-Impacted Youth Services		
	Number of youth clients who report substance use	
	Number of youth clients who report delinquent activity	
	Number of youth clients who received substance use support	
✓	Indicator	Projected # Clients Served <i>(enter only if you select the indicator)</i>
Justice-Impacted Youth Services cont.		
	Number of youth clients who report victimization (victim/witness of crime in community)	
	Number of youth clients who were arrested	
	Number of youth clients re-arrested	
	Number of youth clients participating in rehabilitation programs	
	Number of youth clients participating in educational programs	
	Number of youth clients paired with a mentor	
	Number of youth clients receiving mental health services	
	Number of justice impacted youth served	

Youth Initiatives

✓	Indicator	Projected # Clients Served <i>(enter only if you select the indicator)</i>
General		
	Number of youth clients engaged in youth development activities	
Education		
	Number of youth clients served while enrolled in school	
	Number of nutritional education events held	
	Number of leadership development programs held	
	Number of financial literacy workshops held	
	Number of youth clients who graduated from high school	
	Number of youth clients who completed their GED	
	Number of youth clients who were accepted into college	
	Number of youth clients who attended college	
	Number of youth clients who attended vocational school	
	Number of youth clients who obtained a scholarship	
	Average monetary amount of youth clients' scholarship obtained (in dollars)	
	Total amount of scholarship dollars dispersed	
Out of School Programming		
	Number of youth receiving summer camp scholarships	
	Number of youth enrolled in afterschool enrichment programs	
	Number of youth enrolled in peer mentoring programs	
	Number of youth enrolled in leadership development programs	
	Number of youth enrolled in preteen programs	
	Number of youth enrolled in teen programs	
Employment		
	Number of youth entrepreneurship workshops held	
	Number of youth clients who gained new employment	
	Number of youth clients who gained internship experience	
Family		
	Number of adult clients engaged in youth development activities	
	Number of adult clients engaged in parenting classes	
	Number of clients engaged in family counseling (includes youth and adults)	
	Number of youth clients engaged in family counseling	
	Number of adult clients engaged in family counseling	
	Number of single parent households	
	Number of children in foster care	

SECTION 5: Resources to Carryout Contracts

A. Explain the resources and technical assets your organization and program/project have to successfully complete the program/project you are proposing. (limit 4,000 characters)

B. List the staff that will help to run the program/project including a short description of their role in the program/project. Additionally, please attach resumés for the key personnel. (limit 2,000 characters)

C. Has your organization and program/project managed funding of at least the amount you are applying for?

Yes No

If yes, please provide a description of the funding and how you successfully managed the funds. (limit up to 4,000 characters)

If no, please explain and describe organization capacity to adequately manage funds. (limit up to 4,000 characters)

D. Provide details on your internal financial controls and how you track finances. (limit up to 3,500 characters)

SECTION 5: Shovel-Ready Projects (Funding - Tier 4 Only)

Shovel-Ready Project Need:

Does this proposal include shovel-ready renovation or construction activities?

Note: all construction activities under this funding shall be completed within 3 years.

1. Yes No **(If NO, proceed to Section 6)**

A. Describe the shovel-ready project you are proposing and how it will benefit the Targeted Region, residents, and connect to the R2 Program Priority. *(Limit up to 4,000 characters)*

B. Has your project already been approved by municipal zoning bodies? (Shovel-Ready Only)

Yes No

If yes, do you have a proposed start date? Please include a copy of the municipal approval.

If no, please explain what needs to happen to move this project forward. (limit up to 4,000 characters)

- C. Explain how the shovel-ready project could affect economic growth for the Targeted Region. (limit up to 4,000 characters). (Shovel-Ready Only)

5.1 Shovel-Ready Project Feasibility (Shovel-Ready Only)

A. Provide the shovel-ready project's three-year timeline. (limit up to 4,000 characters)

B. Has your organization ever completed construction project(s) in the past? (Shovel-Ready Only)

Yes No

If yes, please describe the project(s). (limit up to 4,000 characters)

If no, please explain. (limit up to 4,000 characters)

C. What risks have you identified and what is your plan to mitigate them? (limit up to 4,000 characters)

SECTION 6: BUDGET, ATTACHMENTS & CERTIFICATIONS (shovel-ready and non-shovel-ready)

6.1 Budget Narrative

Total Three-Year Funding Request: \$_____

Administrative Costs: May not exceed 10% of total award

All costs must be fully itemized. **Flat-rate administrative percentages are prohibited.**

- A. Please provide an explanation of expenses for your funding request, the total program budget, and the organizational budget. (*“Funding Request” means the funds requested under this funding opportunity; “Total Program Budget” means the combination of all expenses and funding sources to support the program subject of your Funding Request; “Organizational Budget” means the total budget for all programs carried out by the organization.*) (5,000 character limit)

6.2 Mandatory Attachments Checklist

- Attachment A: Statement of Assurances
 - Attachment B: Conflict of Interest Disclosure
 - Attachment C: Detailed Budget Summary & Justification, Program Budget, Organization Budget
 - Two (2) Years of Audited or CPA-Prepared Financial Statements
 - Organizational Chart and Board / Advisory Committee List
 - Two (2) Letters of Support
 - Resumés for Key Personnel
 - Proof of CT Secretary of State Registration
 - Fiscal Sponsorship Agreement / MOU (if applicable)
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6.3 Applicant Certifications

- Applicant certifies requested funding is commensurate with organizational capacity and staffing
 - Applicant certifies compliance with all NOFO requirements
 - Applicant certifies **no R2 funds will be used for prohibited purposes**, including lobbying, travel, loan funds, political activity, or other restricted uses
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SIGNATURE

I certify that I am a duly authorized signatory for the applicant organization and that all information provided is true and correct.

Authorized Signature: _____

Printed Name and Title: _____

Date:

If accepting email submissions, please add submission information

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