Project Application Questionnaire:

The purpose of this questionnaire is to position your project for our Board of Directors to consider the impact, feasibility, and connection to our values as an organization. While this will greatly inform our decision-making process, this is not exhaustive, and we will likely have follow-up questions or conduct virtual interviews.

**Basic Information:**

-Project Title:

-Organization Name:

-Project Manager Name:

-Project Manager Email:

-Project Manager Phone:

-1:1 Matching Funding Amount Requested:

**Proposal Discussion:**

-Who is your project intended to benefit and how do you see it accomplishing that goal? Be as specific as you can when identifying organizations, populations, and communities.

-Be specific about how your project will empower underrepresented members of the Entrepreneurial community and provide opportunities, resources, or influence to those underrepresented individuals. Note how you have consulted underrepresented individuals in the development of your project as well as how you have incorporated underrepresented individuals in your organization.

-StamfordNext funding has a maximum 3-year eligibility limitation. How will your project become self-sustaining in the long term?

-How many jobs do you anticipate StamfordNext grant funding will allow your project to create? Are they full time, part time, or seasonal? Will it require people receive retraining or reskilling and how will you pay for/provide that?

-What kinds of partnerships do you see your project as being able to create within the City of Stamford?

-Give a brief timeline of the project including major dates and time periods in the planning, execution and wrap-up of the project.

-Is there a similar example of this project operating successfully elsewhere in the country or world?

-Have you previously received funds from CTNext, Connecticut Innovations, Innovate Stamford, or CT DECD for this project or any other? If so please be specific about funding amounts and time periods.