

Online Application Overview

The following sections align with the online application for the Community Wi-Fi Grant via the [CEN online portal](#). Applicants, along with any partners, should review this list to collect requested information, prepare language and documents that will be requested for upload.

Applicants should reference the Community Wi-Fi Program Guidance document for questions or guidance on specific items by visiting ctedunet.net/cwifi. Items denoted with an asterisk* are considered optional or required only when applicable.

Lead Applicant Organization Intake:

Legal Entity Name:	Text box (80 character limit)
Street Address Line 1:	Text box (80 character limit)
Street Address Line 2:	Text box (80 character limit)
City:	Text box (80 character limit)
State:	Picklist (state)
Zip Code:	Number field
Zip Code +4:	Number field
Community Anchor Institution Type:	Picklist (single-select): <ul style="list-style-type: none">• State CPO• State Agency• City• County• COG• Special District• Higher Ed• K-12

	<ul style="list-style-type: none">• Charter School• Private School• Co-op• Nonprofit• Other Public Agency• Partner• Other
*If you selected "other", please describe.	Text box (80 character limit)
Organization's Legal Structure:	Picklist (multi-select): <ul style="list-style-type: none">• Private• Public Private• Partnership• Municipal Government• Tribal Government• Non-profit• Cooperative• Other
*If you selected "other", please describe.	Text box (80 character limit)
SAM.gov UEI Number:	Number field
Organization TIN Number:	Number field
Is the Lead Applicant a current member of the Connecticut Education Network (CEN)?	Yes / No
*If no, is the Primary Applicant committed to becoming a member of the Connecticut Education Network (CEN) if this project is selected for award?	Yes / No
Does the Primary Applicant have a history of debarment or suspension by any federal government agency?	Yes / No

*If yes, please describe.	Text box (250 character limit)
Is this application being submitted in partnership with any other organizations?	Yes / No
*If yes, please attach a Memorandum of Agreement or Partnership Agreement that meets the criteria outlined in the Program Guidance.	File upload

Lead Applicant Contacts

Lead Applicant Point of Contact First Name	Text box (80 character limit)
Lead Applicant Point of Contact Last Name	Text box (80 character limit)
Lead Applicant Point of Contact Title	Text box (80 character limit)
Lead Applicant Point of Contact Email	Email field
Lead Applicant Point of Contact Phone	Phone field
Executive Sponsor First Name	Text box (80 character limit)
Executive Sponsor Last Name	Text box (80 character limit)
Executive Sponsor Title	Text box (80 character limit)
Executive Sponsor Email	Email field

Executive Sponsor Phone	Phone field
Financial Signatory Name	Text box (80 character limit)
Financial Signatory Title	Text box (80 character limit)
Financial Signatory Email	Email field
Financial Signatory Phone	Phone field

Partner Applicant Organization Intake:

*There should be an option for applicants to add additional Partner Applicant Organization Intake forms to meet the needs of their unique application.

Partner Organization Name	Text box (80 character limit)
Partner Organization Recipient Type	Picklist: <ul style="list-style-type: none">• Private• Public Private• Partnership• Municipal Government• Tribal Government• Non-profit• Cooperative• Other
Partner Organization SAM.gov UEI Number	Number field
Is the Partner Applicant a current member of the Connecticut	Yes / No

Education Network (CEN)?	
*If no, is the Partner Applicant committed to becoming a member of the Connecticut Education Network (CEN) if this project is selected for award?	Yes / No
Does this partner have any history of debarment or suspension by a federal government agency?	Yes / No
*If yes, please describe.	Text box (250 character limit)

Partner Applicant Organization Contact:

*Applicants that report there is another Partner organization that needs to be documented will be able to repeat the Partner Applicant Organization Intake and Partner Applicant Organization Contact sections as applicable.

Partner Organization Point of Contact First Name	Text box (80 character limit)
Partner Organization Point of Contact Last Name	Text box (80 character limit)
Partner Organization Point of Contact Title	Text box (80 character limit)
Partner Organization Point of Contact Email	Email field
Partner Organization Primary Point of Contact Phone	Phone field
Is there another Partner Organization that needs to be documented?	Yes / No

Project Overview:

Project Name/Title	Text box (250 character limit)
Requested Award Type	Picklist Full program Partial program Eduroam® only
Provide a brief summary of the project	Text box (750 character limit)
Upload a Statement on Organization & Experience that meets the criteria outlined in the Program Guidance, including background, project team organizational chart, and project team personnel.	File upload
Upload the Executive Summary that meets the criteria outlined in the Program Guidance.	File upload
Are all Project Areas within the state of Connecticut?	Yes / No
Will all project areas meet or exceed the minimum 1 gigabit-per-second symmetrical download and upload speeds post completion?	Yes / No

Project Budget:

Total CPF Funding Amount Requested:	Currency
Will there be any Non-CPF Funding from Federal and/or Private funds?	Yes / No
*If yes, enter the total non-CPF funding from federal and private	Currency

Funds.	
*If yes, list sources of any non-CPF federal funding and/or private funding sourced for this project, and associated funding amounts. If none, enter N/A.	Text box (250 character limit)
Of the total funding amount requested, is any of the amount for Administrative Costs?	Yes / No
*If yes, how much of the total funding is for Administrative costs? These costs cannot exceed the higher of 5% of the grant award or \$25,000.	Number field
Are you requesting a portion of the award be advanced as capital to start the project?	Yes / No
*If yes, what is the amount requested to be advanced?	Number field
Upload the Project Budget that meets the criteria outlined in the Program Guidance	File upload
Upload a Statement of Viability that meets the criteria outlined in the Program Guidance	File upload

Project Details:

Will the timeline included for this project meet the final completion deadline of June 30, 2026?	Yes / No
Upload the Project Timeline that meets the criteria outlined in the Program Guidance.	File upload
Provide a narrative describing the implementation and project management strategy for this project, including why the selected	Text box (750 character limit)

strategies will be effective.	
Upload the Technical Specifications that meets the criteria outlined in the Program Guidance.	File upload
Are the project area facilities currently connected to the Connecticut Education Network (CEN) Network, or will they be by project completion?	Yes / No
Upload the Identified Risk and Mitigation Plan that meets the criteria outlined in the Program Guidance	File upload
Upload a Project Impact Statement that meets the criteria listed in the Program Guidance.	File upload
Upload any evidence of substantive community support in written form such as letter(s) of support from community stakeholders in leadership positions that describes specific needs and anticipated benefits, and/or documents demonstrating local involvement in non-financial aspects of the project. Projects proposing project areas that include tribal lands must provide a certificate of consent from the appropriate tribal office.	File upload

Project Prioritization:

Does this project demonstrate community partnerships between schools, libraries, municipal service providers (e.g., senior centers), other CAIs, or private entities whose project plan shows a coordinated effort to streamline and expand reach within a single application?	Yes / No
*If yes, please explain	Text box (up to 750 characters)
Does this project ensure services will continue through independent funding after the funding period has ended?	Yes / No

*If yes, please explain	Text box (up to 750 characters)
Does this project involve integration with eduroam(R)?	Yes / No
*If yes, please explain	Text box (up to 750 characters)
Will this project exceed the 1 gigabit/1 gigabit minimum requirement for Wi-Fi speeds?	Yes / No
*If yes, please explain	Text box (up to 750 characters)
Will this project include in-kind contributions?	Yes / No
*If yes, please explain	Text box (up to 750 characters)

Attestations:

<p>Applicant attests that the proposed project meets all three of the CPF Broadband Infrastructure Project Eligibility Criteria as listed here:</p> <ul style="list-style-type: none"> - The Capital Project invests in capital assets designed to directly enable work, education, and health monitoring. - The Capital Project is designed to address a critical need that resulted from or was made apparent or exacerbated by the COVID-19 public health emergency. - The Capital Project is designed to address a critical need of the community to be served by it. 	Yes / No
<p>Lead applicant and partner applicant(s) understand that:</p> <ul style="list-style-type: none"> - Awarded funds are eligible only to supplement state or local funds 	Yes / No

<p>- Supplanting* of state or local funds that have been appropriated or allocated for the same purpose for this subgrant program is prohibited</p> <p>- If concerns are raised about the supplanting of funds, the applicant or subrecipient will be required to substantiate that the reduction in state or local funds occurred for reasons other than the receipt or expected receipt of federal funds</p>	
<p>Upload the Applicant Affidavit with signatures from the Lead Applicant and any Partner Applicant(s).</p>	<p>File upload</p>
<p>*If the applicant has any general remarks, enter them here</p>	<p>Text box (250 characters)</p>