

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.

Please note:

- Uploads may not appear on the page when uploaded, but they will be visible to review on the last page, titled Final Review....
- Questions on the application portal do not show details about response requirements. We recommend applicants have the Program Guidance accessible when applying.

Lead Applicant Organization Intake:

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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

<p>Community Anchor Institution Type:</p>	<p>Picklist (single-select):</p> <ul style="list-style-type: none"> • State CPO • State Agency • City • County • COG • Special District • Higher Ed • K-12 • Charter School • Private School • Co-op • Nonprofit • Other Public Agency • Partner • Other • School • Library • Health Clinic • Health Center • Hospital • Other Medical Provider • Public Safety Entity • Institution of Higher Education • Public Housing Organization • Community Support Organization
<p>*If you selected "other", please describe.</p>	<p>Text box (80 character limit)</p>
<p>Organization's Legal Structure:</p>	<p>Picklist (multi-select):</p> <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 Lead Applicant committed to becoming a member of the Connecticut Education Network (CEN) if this project is selected for award?	Yes / No
Does the Lead Applicant have a history of debarment or suspension by any federal government agency?	Yes / No
*If yes, please describe.	Text box (2,000 character limit)

Lead Applicant Details

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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 Organizations:

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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	File upload

Guidance.	
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Add Partner Organization:

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 Education Network (CEN)?	Yes / No
*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 (2,000 character limit)
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

Project Overview:

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Project Name/Title	Text box (2,000 character limit)
Requested Award Type	<p>Picklist</p> <p>Full program Eduroam® only</p>
Provide a brief summary of the project	Text box (8,000 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

Budget:

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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 Funds.	Currency
*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 (2,000 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 Note: This should reference financial viability of the organization.	File upload

Please refer to Program Guidance document for more detail.

Project Details:

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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 strategies will be effective.	Text box (8,000 character limit)
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 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 Impact

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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:

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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 (8,000 character limit)
Does this project ensure services will continue through independent funding after the funding period has ended?	Yes / No
*If yes, please explain	Text box (8,000 character limit)
Does this project involve integration with eduroam(R)?	Yes / No

*If yes, please explain	Text box (8,000 character limit)
Will this project exceed the 1 gigabit/1 gigabit minimum requirement for Wi-Fi speeds?	Yes / No
*If yes, please explain	Text box (8,000 character limit)
Will this project include in-kind contributions?	Yes / No
*If yes, please explain	Text box (8,000 character limit)

Final Review:

Please review all of your uploaded files and ensure you have included everything requested in the Program Guidance.	Link to review all file uploads
If the applicant has any general remarks they would like to add, enter them here.	Text Box (2,000 character limit)

Confirmation:

<p>Lead applicant and partner applicant(s) attest 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 	Yes / No
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community to be served by it.	
<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 - Supplanting* of state or local funds that have been appropriated or allocated for the same purpose for this subgrant program is prohibited - 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 	Yes / No
Upload the Applicant Affidavit with signatures from the Lead Applicant and any Partner Applicant(s).	File upload