

Evaluating language skills using electroencephalography in a community sample of toddlers

CHEFA FY 2026 Client Grant Program

Sacred Heart University

Dr. John J. Petillo Ph.D.
5151 Park Avenue
Research & Sponsored Programs
Fairfield, CT 06825

rsp@sacredheart.edu
O: 203-371-7999

Ms Funda Alp

5151 Park Avenue
Research & Sponsored Programs
Fairfield, CT 06825

RSP@sacredheart.edu
O: 203-396-8241

LOI Form

RFP Guidelines and Information

Download the RFP here: [FY 2026 John M. Biancamano Client Grant Program RFP](#)

The LOI is due on May 22, 2025, at 4:00 P.M.

LOI submissions must be received by the deadline date and time or will be considered ineligible. For this reason, we strongly suggest early submission.

Please note that the Grant Management System automatically saves your work as you move through the application. Be sure to click "Save" before exiting the system. When you are ready to submit, click "Submit" at the bottom of the page.

Please be sure to double-check all information for accuracy and completeness before submitting. *Incomplete LOI submissions may be deemed ineligible at CHEFA's discretion.*

Auto-generated updates regarding your LOI, including any decisions of approval or declination, will come from CHEFA's Grant Management System with the email of administrator@grantinterface.com. Please allow this email in your "Safe Sender" addresses. Do not, however, reply to administrator@grantinterface.com as this is a do-not-reply email address and cannot be viewed by CHEFA staff.

Any correspondence or questions should be directed to Jen Chapman, Grants Program Manager, at jchapman@chefa.com.

Project/Program Information

Organization Name*

Sacred Heart University

Organization DBA (Doing Business As)

If your organization utilizes a DBA ("Doing Business As") name (different than the name you entered at registration), please enter it below.

Project/Program Name*

(In 10 words or less)

Evaluating language skills using electroencephalography in a community sample of toddlers

Project/Program Use of Funds*

Describe your project/program in one sentence.

We aim to study language development in toddlers from underrepresented, low-income communities, using a neurobiological measure, electroencephalography (EEG), to generate information to inform policies and improve child development initiatives.

Type of Request*

We define a program grant to include nominal supplies, salaries, administrative/building expenses associated with running a program.

We define a capital grant as construction or purchase of equipment, furnishings, or facility needs. (Reminder: It cannot be part of a multi-year and multi-million dollar capital, brick and mortar campaign.)

Capital Project

Total Project/Program Budget*

Please enter the **TOTAL** budget amount for your project/program rounding to the nearest whole dollar amount (DO NOT INCLUDE CENTS) and containing no dollar signs (*example: 100,000*). This number may differ from the amount you are requesting from CHEFA.

\$103,665.00

Requested Amount from CHEFA*

Please enter the amount you are requesting from CHEFA. Requests should round to the nearest whole dollar amount (DO NOT INCLUDE CENTS) and contain no dollar sign (*example: 75,000*).

\$75,000.00

Description of Expected Population to be Served by the Project/Program

Description of the individuals expected to be served specifically by this project/program during the **ONE-YEAR** grant period specified in the RFP. (*For example, if applying for an afterschool program to serve middle school youth, the estimate should only include the number of youth served by the program in the grant year, and not future years.*)

For percentages, please enter whole numbers and no percent sign (%).

Total Population Expected to be Served by the Project/Program	Percentage of People Served Who Qualify as Low-Income (80% or below of Area Median Income)	Percentage Served who Identify as BIPOC
80	100	80

Project/Program Summary*

Summarize your project/program. The summary should describe the following questions:

1. What is the opportunity/challenge you have identified, and therefore need for the project/program?
2. How does your project/program address the challenge identified in #1?
3. What will you do (actions) to implement the solution? If this is a program request, please include the specific number of hours, days, weeks, months etc. of program duration.
4. Number of individuals served specifically by this project/program (in the one-year grant period) and impact on the population?
5. How will you know your project/program is having the intended impact?