**City of Danbury**

**Social Service Grant Program**

**2023-2024 Notice of Funds Availability**

**Date Released: June 1st, 2023**

**Application Due Date: July 1st, 2023**

**PURPOSE:**

The City of Danbury and United Way of Western Connecticut (UWWC) invite social service agencies that serve residents of Danbury to apply for funding through the City of Danbury Social Service Grant Program. Community services around Housing/Shelter, Mental Health, and Food Security are the target for this funding. Funding is allocated through a one-year process, with the grant covering the fiscal year of July 1, 2023 to June 30, 2024.

**GRANT AWARD AND ASK AMOUNTS:**

Total available funding for this grant process is $204,000. A total of $102,000 for Housing/Shelter, $51,000 for Mental Health and $51,000 for Food Security.

The minimum grant award for the 2023-2024 Social Service Grant process will be $5,000. There is no maximum amount of funding an agency can ask for, but we do request that you keep in mind the amount of money each funding category has budgeted for it. Funding is not guaranteed for agencies that were funded in previous years.

**ELIGIBILITY:**

The following requirements must be met in order for an application to receive funding through the Cities Social Services Grant Program:

1. The organization must be a 501(c)3 nonprofit organization.
2. The organization must serve City of Danbury residents.
3. Funding shall be used for the following categories:
	1. *Housing/Shelter – Safe and affordable housing access and retention. Including shelter, rent/mortgage assistance, utility assistance, deposit assistance, etc.*
	2. *Mental Health – Including behavioral health, youth mental health programs, etc.*
	3. *Food Security – Including food pantries, mass feeding providers, etc.*

**TIMELINE:**

|  |  |  |
| --- | --- | --- |
| **Grant Process** | **Date** | **Time** |
| NOFA - Released | June 1st, 2023 | 8:00 AM |
| Grant Office Hours | Every Friday in June | 12:00 PM to 12:30 PM (Zoom) |
| Deadline to Submit Application | July 1st, 2023 | 5:00 PM |
| Application Review Period | July 2nd, 2023 to August 31st, 2023 |  |
| Presentation Period | July 17th, 2023 to August 11, 2023 |  |
| Recommendations Sent to City for Vote | September 1st, 2023  |  |

**HOW TO APPLY:**

1. Review the Notice of Funding Availability (NOFA)
2. Create/Sign into your e-CImpact account
	1. The UWWC uses the [e-CImpact Grant Management system](https://agency.e-cimpact.com/login.aspx?org=08090F) for organizations to submit grant applications and reports.
	2. All applicants must register online & create an account in order to submit their application. Please refer to the [e-CImpact Registration Manual](https://unitedwayofwesternc.sharepoint.com/%3Ab%3A/g/ETzYCqyRBmFGpFxV_kKC1k0BkkwvmawKASyPNHceC7TaAQ?e=R4NYyl) for specific steps on how to register for e-CImpact.
	3. If an applicant already has an account in the system, they can continue to use that account for this application.
3. Review the application & required attachments.
4. Submit the application & supporting documents through the e-CImpact platform.
	1. *Application deadline:* July 1st, 2023 at 5:00 PM

**UWWC COMMUNITY IMPACT STAFF CONTACT:**

The Community Impact Team is responsible for implementing the City of Danbury Social Service Grant Process and is an important resource for organizations interested in applying. The team is available to be contacted by email.

|  |  |  |
| --- | --- | --- |
| **Title** | **Staff Person** | **Email** |
| Greater Danbury Community Impact Coordinator | Victoria Scofield | Victoria.scofield@uwwesternct.org  |

**FUNDING ACCEPTANCE:**

If the application is selected for a City of Danbury Social Services Grant – either partially or fully – the organization will receive the following documents:

* Funding Letter
* Grant Agreement

By executing the Grant Agreement, the organization accepts all Social Services Grant funding as awarded in the Funding Letter. In order for the organization to receive the awarded funds, the organization must agree to all CoD and United Way requirements for the accepted funding, as outlined in the Grant Agreement. The Agreement must be signed and dated by the Organization’s Executive Director/CEO/President. United Way uses the e-CImpact platform to distribute and execute the Agreements.

In the following situations, an email must be submitted to United Way outlining the reasons for changes or declined funding:

1. If any program requires material changes as a result of the level of funding awarded. Changes to the program and continued funding of the program are subject to the approval of the Community Impact Team.
2. If the Organization elects to decline funding.

Emails communicating material changes or declined funding should be sent to:

 Victoria Scofield

**City of Danbury**

**Social Services Grant Application**

All questions in red will autofill based off information provide in the program profile in e-CImpact. Please update your agency profile and/or program profiles if you see any of these fields missing & you cannot edit it in the application. Please reach out to Victoria Scofield, if you have any questions.

Questions with an \* are required.

**Form 1: Agency Information**

Organization Name \* EIN \*

Primary Address Line 1 \* Primary Address Line 2

City \* State \* Zip \*

Organization Phone \* Organization Fax

Executive Director & Contact Information \* Organization Website \*

Board President/Chair Name: \* *(Limit up to 150 characters)*

Board President/Chair Email: \*

Organization Mission Statement \*

**Organization Social Media: \***

* Facebook:
* Twitter:
* Instagram:
* YouTube:
* Other:

**Primary Agency Contact for this Grant Information**

Primary Contact Person for this Grant: \*

Primary Contact Person Title: \*

Phone Number for Primary Contact Person: \*

Email for Primary Contact Person: \*

**Agency Narratives**

Has your agency been funded by the City of Danbury in the past? \**(Choose one)* Yes No

 If yes, how was the funding provided helpful for the organization and clients? Please specify the program(s) that received the funding, if funded for multiple programs in the past. *(Limit up to 4,000 characters)* \*

Total Agency Budget for Current Fiscal Year: \* *(Numbers only)*

What percentage of the Agency’s operating budget is City of Danbury funding? \* *(Numbers & Decimal only)*

Does your organization have any accreditations, licensures, certifications, affiliations? (Please list all) \* *(Limit up to 1,000 characters)*

What, if any, significant changes has your agency experienced in the past year or may occur within the next year? \* *(Select all that apply)*

* No Significant Changes
* Loss of Executive Director or CEO
* New Executive Director or CEO
* Loss of Major Funding
* Acquired New Major Funding
* Merger
* Other

If you selected any of the significant changes above, please explain how they have impacted your agency this past year or may occur within the next year and how those events have or may impact client services: *(Limit up to 250 characters)*

Is your organization currently undergoing, been notified of, or completed a Federal, State or Regulatory Audit within the last three years? \* *(Choose one)* Yes No

If yes, please describe the situation and if completed, attach an Executive Summary of the findings in the attachments form. \* *(Limit up to 4,000 characters)*

List key agency partners and the specific roles they play. \* *(Limit up to 1,000 characters)*

Describe how you use community resources (board members, volunteers, in-kind donations, corporate partnerships, etc.) to support your work and how those partnerships contribute to the success of the clients served. \* *(Limit up to 1,000 characters)*

**Sustainability of Agency**

Does your agency have a board-approved succession plan in place? \*

*(Choose one)* Yes No Currently Working on

 If yes, what was the date of approval and give a short description of the plan. \* *(Limit up to 2,000 characters)*

 If no, please describe why and if you have any future plans to create one? \* *(Limit up to 2,000 characters)*

 If currently working on, where are you in this process and when do expect to complete this process? \* *(Limit up to 500 characters)*

**Diversity, Equity, and Inclusion**

In what ways does your organization demonstrate that cultural competency (race, religion, ethnicity, socioeconomic, gender, disability, etc.) is a priority & an ongoing effort? \* *(Limit up to 2000 characters)*

Total number of officers & staff who identify as disabled and/or require special accommodations. \* *(Numbers Only)*

*(Note: Examples of disabilities include, but not limited to deaf/hard of hearing, learning disability, mobility-related disability, speech-related disability, mental or physical health condition, blind or visually impaired, etc.)*

How is your organization working to meet the unique needs of officers & staff who identify as disabled and/or require special accommodations? \* *(Limit up to 2000 characters)*

**Form 2: Anti-Terrorism Policy**

In compliance with the spirit and intent of the USA Patriot Act and other counter-terrorism laws, the City of Danbury supports the United Way of Western Connecticut and the United Way Worldwide’s (“UWW”) compliance program and requests that each funded agency (“Organization”) certify that it is in compliance with this program.

***Please complete this form in its entirety on the e-CImpact platform.***

**Form 3: Organization Demographics**

We acknowledge that there are systems of power that grant privilege and access unequally such that inequity and injustice result. Therefore, the City of Danbury (COD) and United Way of Western CT (UWWC) are committed to the support and advancement of equity in the communities we serve, and this extends to the organizations we fund.

The UWWC defines equity as offering varying levels of support depending upon the need to achieve greater fairness of outcomes. We deeply value and respect diverse cultures and multiple perspectives to drive our goal. We strive to have every aspect of our organization, especially our staff and board, represent the diversity of our communities and those we serve, while being inclusive in our practices. Therefore, we will review how your organization & programs advance racial & other forms of equity through its initiatives & leadership.

Following the approach & guidance of United Way Worldwide, we will use these questions related to diversity, equity, & inclusion to help inform grant decisions. Please note that this is only one contributing factor to many criteria being evaluated & considered in our decision-making process.

|  |
| --- |
| **Officers & Staff – Racial/Ethnicity Breakdown** |
|  | **Top Admin/CEO** | **% of Total (Admin/CEO)** | **Senior Management** | **% of Total (Sen. Mgmt.)** | **Other Staff** | **% of Total (Other Staff)** |
| American Indian or Alaska Native\* |  | *(This will be auto calculated)* |  | *(This will be auto calculated)* |  | *(This will be auto calculated)* |
| Asian or Asian American\* |  |  |  |
| Black or African American\* |  |  |  |
| Middle Eastern or Northern African\* |  |  |  |
| Native Hawaiian or Other Pacific Islander\* |  |  |  |
| White\* |  |  |  |
| Two or More Races |  |  |  |
| Another Option Not Listed |  |  |  |
| Preferred Not to Answer |  |  |  |
| Total |  |  |  |
|  |
| **Officers & Staff – Hispanic Origin** |
| Hispanic, Latino, Latina, or Latinx\* |  |  |  |  |  |  |
| Non-Hispanic/Latino/Latina/Latinx\* |  |  |  |
| Preferred Not to Answer |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |
|  |
| **Officers & Staff - Gender** |
| Woman\* |  |  |  |  |  |  |
| Man\* |  |  |  |
| Non-Binary\* |  |  |  |
| Another option not listed |  |  |  |
| Preferred Not to Answer |  |  |  |
| Total |  |  |  |

|  |
| --- |
| **Board of Directors – Racial/Ethnicity Breakdown** |
|  | **Board of Directors** | **% of Total Board of Directors** |
| American Indian or Alaska Native\* |  | *(This will be auto calculated)* |
| Asian or Asian American\* |  |
| Black or African American\* |  |
| Middle Eastern or Northern African\* |  |
| Native Hawaiian or Other Pacific Islander\* |  |
| White\* |  |
| Two or More Races |  |
| Another Option Not Listed |  |
| Preferred Not to Answer |  |
| Total |  |
|  |
| **Board of Directors – Hispanic Origin** |
| Hispanic, Latino, Latina, or Latinx\* |  |  |
| Non-Hispanic/Latino/Latina/Latinx\* |  |
| Preferred Not to Answer |  |
| Total |  |
|  |
| **Board of Directors - Gender** |
| Woman\* |  |  |
| Man\* |  |
| Non-Binary\* |  |
| Another Option Not Listed |  |
| Preferred Not to Answer |  |
| Total |  |

**Form 4: Agency Attachments**

**All attachments are required, unless otherwise stated.**

Some attachments must be uploaded in the ‘Compliance’ section in the Agency Profile. These documents will be saved for use across multiple grant processes on our e-CImpact platform. If you have previously applied for the UWWC Community Impact grants, please review the documents currently saved in the ‘Compliance’ section and update as needed.

*Documents to upload in the ‘Compliance’ section:*

* IRS 501c3 Determination Letter
* Most Recent Audit
* Most Recent IRS Form 990
* ACH Form & Voided Check: Will only be used if your agency is funded by the UWWC. This will help us to expedite the award process at the end of the application period. Please complete the ACH form provided in the ‘Resource Center’ under ‘UWWC Grant Document.’

*Other Agency Attachments:*

* Balance Sheet & Income Statement as of December 31, 2022
* Most Recent Organizational/Agency Budget
* Board of Director’s Roster & List of Last Year’s Meeting Dates
* Agency Most Recent Annual Report: If your agency does not complete an annual report, please submit a one-page yearly impact summary.
* *(NEW Agencies Only)* Articles of Incorporation
* *(NEW Agencies Only)* Organizational By-Laws
* *(NEW Agencies Only)* Board Adopted Non-Discrimination Policy
* *(NEW Agencies Only)* Annual Certificate of Registration with CT Dept. of Consumer Protection
* *(As Needed)* Executive Summary from Federal, State, or Regulatory Audit: If you answered yes to the question of “Is your organization currently undergoing, been notified of, or completed a Federal, State, or Regulatory Audit within the last three years?”, please attach a copy of the Executive Summary from this audit.

**Form 5: Program Information & Narratives**

Name of Program \*

Program Impact Area: \* Financial Stability *(Must choose Housing/Shelter Program Type)*

*(Choose one)* Health/Mental Health *(Must choose Mental Health Program Type)*

 Food Security *(Must choose Food Security Program Type)*

Program Type: \* *(Choose one)* Housing/Shelter Mental Health Food Security

Program Address\* *(Will autofill with Program Profile Address, but you can update if you need to)*

Description of Program\* *(Will autofill with Program Profile description, but you can update if you need to) (Limit up to 1,500 characters)*

**Program Staff:** *(Numbers only)*

Number of Full Time Staff\* Number of Part Time Staff\*

Number of Seasonal Staff\* Number of Volunteers\*

**Funding Request**

Funding Amount Requested: \* *(Numbers only)*

How many clients do you currently serve? \* *(Numbers only)*

How many clients will you be able to serve if you receive the full amount of your request? \* *(Numbers only)*

What type of funding request are you applying for? \* *(Choose one)*  Operating Support Program Support

What percent of the program budget is City of Danbury funding? \* *(Number & decimal only)*

What couldn’t your program do this year because you didn’t have the funding needed? \* *(Limit up to 500 characters)*

If this program is unable to be funded at your full request amount, what is the minimum funding level you could accept & still be able to deliver the program successfully? \* *(Numbers only)*

Please explain the impact a funding amount less than what is requested, or no funding would have on program delivery. Will the program be able to continue? \* *(Limit up to 4000 characters)*

**Program Narratives**

Please describe the issue you seek to address with this funding. \* *(Limit up to 600 characters)*

Describe why the City of Danbury should fund the issue you seek to address. \* *(Limit up to 600 characters)*

Describe the target population within Danbury you will be serving with this funding. Provide available data on the target population, citing sources. \* *(Limit up to 600 characters)*

Please indicate the percent of your program clients whose income is at or below 150% of the poverty level: \* *(Numbers only)*

Provide the objectives of your program for individuals/families who use these services. Be sure to state if your program is evidence-based. \* *(Limit up to 1,000 characters)*

Please describe the practices you use to ensure the effectiveness of your program. Provide data that shows what you do makes a difference in the lives of your clients, citing sources. \* *(Limit up to 1,500 characters)*

Please describe how the services supported by this funding differ from other similar services provided in the community or explain the need for multiple agencies to provide similar services. \* *(Limit up to 1,000 characters)*

**Waiting List**

Do you currently have a waiting list? \* *(Choose one)* Yes No

 If yes, how long is it & how long are clients typically on the waitlist? \* *(Limit up to 150 characters)*

**Success Story**

Please provide a story that depicts how one client improved their life as a result of your program. Please use an example from the past 12 months, and please change the client name. \* *(Limit up to 4,000 characters)*

**Sustainability of Program**

Describe the sustainability/stability of this program. \* *(Limit up to 1,000 characters)*

*(For example: Are there multiple funding sources? Is there a committed group of volunteers or staff to operate it? What gives you confidence this program will be available for years to come?)*

**Form 6: Outcome Measures**

State your outcome measures that you will be measuring for FY 23-24, results from the past two years and your goals for the program with City of Danbury funding. You must have at least one of each type of Performance Measure. Please refer to the **‘City of Danbury 23-24 Grant Resources’** for how to complete this form.

|  |
| --- |
| **Result:** *(Please state your overall result for the program)* |
|  |
| **How Much? Performance Measure** | **Results for FY 2021-2022** | **Results for FY 2022-2023** | **Goals for FY 2023-2024** | **Number Served July 1, 2023-December 31, 2023** | **Number Served January 1, 2024-June 30, 2024** | **Total Served FY 2023-2024** |
| *(State the Performance Measure here)* | # of Clients Served or # Activities Provided |  |  |  | *(For Mid-Year & Final Reports Only)* | *(For Mid-Year & Final Reports Only)* | *(Will auto calculate based off reports)* |
| Describe the Performance Measure, if necessary:  |
| **How Well? Performance Measure** |  |
| *(State the Performance Measure here)* | # of Clients Served |  |  |  |  |  |  |
| # of Clients Achieving |  |  |  |  |  |  |
| Describe the Performance Measure, if necessary: |
| **Better Off? Performance Measure** |  |
| *(State the Performance Measure here)* | # of Clients Served |  |  |  |  |  |  |
| # of Clients Achieving |  |  |  |  |  |  |
| Describe the Performance Measure, if necessary: |

**Form 7: Program Budget Request (Optional)**

**Program Revenue**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Previous Year Actual FY 2023** | **City Funding FY 2024** | **Other Funding FY 2024** | **Total Program Budget FY 2024** |
| City of Danbury Request |  |  |  |  |
| Grants |  |  |  |  |
| Events Revenue |  |  |  |  |
| Program Fees |  |  |  |  |
| Individual Donations |  |  |  |  |
| Other Revenue (click to add) |  |  |  |  |
| Total |  |  |  |  |

**Program Expense**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Previous Year Actual FY 2023** | **City Funding FY 2024** | **Other Funding FY 2024** | **Total Program Budget FY 2024** |
| Personnel Costs (includes salaries & fringe benefits) |  |  |  |  |
| Client Service Costs (participant financial support, participant wages, educational/certification costs, etc.) |  |  |  |  |
| Program Materials/Supplies (including food) |  |  |  |  |
| Occupancy |  |  |  |  |
| Travel |  |  |  |  |
| Auxiliary (phone, internet, postage) |  |  |  |  |
| Contracted/Professional Fees |  |  |  |  |
| Legal & Accounting |  |  |  |  |
| Insurance |  |  |  |  |
| Other Program Expenses (click to add) |  |  |  |  |
| Total |  |  |  |  |

**Form 8: Program Demographics**

Please provide demographic information for the individuals served in your PROGRAM during FY 2022-2023.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Demographic** | **Number Served FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** | **Total Served FY 2023-2024** |
| **Total Unduplicated Clients***(You must complete this section first as all Totals much match.)* |
| Unduplicated Clients Served\* |  | *(You will only need to report on the first column during this application).*  |
| Total |  |
|  |
| **ALICE Threshold** |
| Above ALICE Threshold\* |  |  |
| ALICE Threshold\* |  |
| Federal Poverty Level\* |  |
| Unknown/Untracked |  |
| Total |  |
|  |
| **Gender** |
| Woman\* |  |  |
| Man\* |  |
| Non-Binary\* |  |
| Another Option Not Listed |  |
| Unknown/Untracked |  |
| Total |  |
|  |
| **Race** |
| American Indian or Alaska Native\* |  |  |
| Asian or Asian American\* |  |
| Black or African American\* |  |
| Middle Eastern or Northern African\* |  |
| Native Hawaiian or Other Pacific Islander\* |  |
| White\* |  |
| Two or More Races |  |
| Another Option Not Listed |  |
| Unknown/Untracked |  |
| Total |  |
|  |
| **Hispanic Origin** |
| Hispanic, Latino, Latina, or Latinx \* |  |  |
| Non-Hispanic/Latino/Latina/Latinx \* |  |
| Unknown/Untracked |  |
| Total |  |
|  |
| **Age** |
| 0-5 years (Preschool age)\* |  |  |
| 5-10 years (Elementary School K-5 age)\* |  |
| 11-13 years (Middle School grades 6-8)\* |  |
| 14-17 years (High School grades 9-12)\* |  |
| 18-24 years\* |  |
| 25-34 years\* |  |
| 35-44 years\* |  |
| 45-54 years\* |  |
| 55-64 years\* |  |
| 65 years and over\* |  |
| Unknown/Untracked |  |
| Total |  |
|  |
| **Town of Residence** |
| Danbury \* |  |  |
| Other Towns \* |  |
| Unknown/Untracked |  |
| Total |  |
|  |
| **Disability Status** |
| Attention Deficit\* |  |  |
| Autism\* |  |
| Blind or Visually Impaired\* |  |
| Deaf or Hard of Hearing\* |  |
| Health-Related Disability\* |  |
| Learning Disability\* |  |
| Mental Health Condition\* |  |
| Mobility-Related Disability\* |  |
| Speech-Related Disability\* |  |
| Other Disability |  |
| Unknown/Untracked |  |
| Total |  |

**Form 9: Program Attachments**

**All attachments are required, unless otherwise stated.**

* Program Flyer/Brochure: Please provide a copy of the flyer or brochure you use to market the program to clients.
* 2023-2024 Program Budget: If you prefer to submit your program budget instead of using Form X, please provide the program budget, including how City of Danbury funding would be used as described in this application.
* Other Materials: Feel free to provide additional materials that you feel will add to your application. Please submit any additional materials in one document.