**UWWC Community Impact Grants 2023-2024 Application**

**Due: March 10th, 2023**

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 or incorrect & 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 \* *(Will autofill with Executive Director Information, but you can update if you need to)*

Organization Website \*

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

Board President/Chair Email: \*

Agency Mission Statement \*

**Organization Social Media: \***

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

**Primary Agency Contact for this Grant Information**

Primary Contact Person for this Grant: \* *(Limit up to 100 characters)*

Primary Contact Person Title: \* *(Limit up to 150 characters)*

Phone Number for Primary Contact Person: \*

Email for Primary Contact Person: \*

**Agency Narratives**

How does your agency’s mission align with the community impact vision & goals of UWWC? \* *(Limit up to 500 characters)*

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

What, if any, significant changes has your agency experienced in the past 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: *(Limit up to 250 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)*

**City/Towns Served by your agency *(please check all that are served):* \***

Bethel Brookfield Bridgewater Danbury Kent

New Fairfield New Milford Newtown Redding Ridgefield

Roxbury Sherman Stamford Warren Washington

**Form 2: Organization Demographics**

We acknowledge that there are systems of power that grant privilege and access unequally such that inequity and injustice result. Therefore, the United Way of Western Connecticut (UWWC) is 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 3: Anti-Terrorism Policy**

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

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

**Grant Requirements**

By applying for this grant, all applicants are required to fulfill the following grant requirements. Indicate that you will comply with each by checking the box after each statement.

Publicity – If funded, our organization agrees to acknowledge UWWC in all media communications, public announcements, printed materials, and on your website and e-communications pertinent to the funded project.\*

Success Stories & Pictures – If funded, our organization agrees to provide at least one written or verbal success story from participants of the funded program and/or the funded agency itself in its reports. Our organization also agrees to submit pictures of the funded programs activities in its reports. \*

UWWC Programs – If funded, our organization agrees to actively promote and sign-up clients for all UWWC programs by providing materials and information to clients as provided by the UWWC Community Impact Coordinators. \*

Prosperi-Key – If funded, our organization agrees to post the funded program on Prosperi-Key’s digital marketplace to share with ALICE and below individuals and to promote the platform to our clients and staff. \*

Reporting Requirements – If funded, our organization agrees to submit reports on time through the e-CImpact portal in January and July of the funding year. \*

I certify that my organization will comply to all the grant requirements above. \*

Executive Director\* Date\*

**Form 4: Agency Attachments**

**All attachments are required, unless otherwise stated**. We have also moved some documents to the ‘Compliance’ section in the Agency Profile. These documents will be saved for use across multiple grant processes on our e-CImpact platform. We hope that this helps to alleviate some of the documents that you need to collect for multiple applications.

*Documents moved to the ‘Compliance’ section:*

* IRS 501c3 Determination Letter
* Most Recent Audit
* Most Recent IRS Form 990
* **NEW!!** 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 Documents’.

*Other Agency Attachments:*

* **NEW!!** Agency Most Recent Annual Report: If your agency does not complete an annual report, please submit a one-page yearly impact summary.
* 2023-2024 Agency Budget

**Form 5: Program Information & Narratives**

Name of Program

Impact Area: \* *(Choose one)* Education *(Must choose either Early Ed or After-School Program Type)*

Financial Stability *(Must choose Financial Stability Program Type)*

Program Type: \* *(Choose one)* Early Education After-School Financial Stability

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 1500 characters)*

Please provide the days of the week & hours of the day your program is open (e.g., Monday through Friday, 8:00am to 6:00pm) \* *(Limit up to 500 characters)*

Please describe how you address barriers to participation in the program (e.g., child care, food, transportation, etc.): \* *(Limit up to 1500 characters)*

Please indicate the average duration for which services are provided (e.g., 3 visits, 2 months, etc.): \* *(Limit up to 150 characters)*

Do you provide services outside of the general office/agency setting? \* Yes No

If yes, what do you offer? \* *(Limit up to 500 characters)*

Are there any other ways in which you are or will be providing services/accommodations to the ALICE population? \* *(Limit up to 1000 characters)*

Are you accredited, licensed, certified, and/or affiliated with other organizations to provide quality programs? \* Yes No

If yes, please list all and when they were awarded: \* *(Limit up to 1000 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)*

*The following two questions are worded differently depending on the Program Type chosen: (Numbers only)*

*For Early Education & After-School:*

 How many children do you currently serve through your program? \* *(Numbers Only)*

 How many children will you be able to subsidize if you receive the full amount of your request? \* *(Numbers Only)*

*For Financial Stability Programs:*

 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)*

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

Please explain the impact a funding amount less than what is requested would have on program delivery. \* *(Limit up to 4000 characters)*

**Early Education Narratives *(will only show up if the ‘Program Type’ selected is ‘Early Education’)***

Do you receive State or Federal Funding? \* Yes No

If yes, please indicate amount: \* *(Numbers only)*

Do you receive Care4Kids Funding? \* Yes No

If yes, please indicate amount: \* *(Numbers only)*

**Please provide the typical unsubsidized cost per week and the subsidized cost per week for each age range of children in your program:** *(Numbers only)*

* Infants (Unsubsidized Cost) \*
* Infants (Subsidized Cost) \*
* Children ages 1 to 2 (Unsubsidized Cost) \*
* Children ages 1 to 2 (Subsidized Cost) \*
* Children ages 3 to 5 (Unsubsidized Cost) \*
* Children ages 3 to 5 (Subsidized Cost) \*

Please describe how your program develops the cognitive, language, physical, and social-emotional skills of children ages birth to five. \* *(Limit up to 1500 characters)*

Please describe the indicators you use to assess the developmental progress of children ages birth to five in your program. \* *(Limit up to 1500 characters)*

How frequently do you use those indicators to assess progress? \* *(Limit up to 1500 characters)*

How do you assess developmental milestones in children in your program? \* *(Limit up to 1500 characters)*

How do you assess kindergarten readiness of children in your program? \* *(Limit up to 1500 characters)*

Please describe how your staff addresses children’s educational and developmental issues and challenges. \* *(Limit up to 1500 characters)*

Please describe how you involve parents in their children’s early education. (Parent information nights, teacher conferences, etc.). Please provide any available information on the level of attendance at these types of events. \* *(Limit up to 1500 characters)*

Please describe how you partner with other agencies, organizations, health care providers, and local and statewide programs to ensure the best possible outcomes for children ages birth to five (e.g., Birth to Three, Help Me Grow, etc.). \* *(Limit up to 1500 characters)*

Please provide any additional information you would like us to know about the quality of the care and education offered to children ages birth to five by your program. *(Limit up to 1500 characters)*

**After-School Narratives *(will only show up if the ‘Program Type’ selected is ‘After-School’)***

How much does it cost per week for unsubsidized after-school care in your program? \* *(Numbers only)*

Please estimate the weekly cost to the family for children who will be subsidized by this grant: \* *(Numbers only)*

Is your program open on school holidays, vacation days, remote learning days, etc.? \* Yes No

 If yes, what days? \* *(Limit up to 150 characters)*

Please describe the activities of a typical day in your after-school program. \* *(Limit up to 1500 characters)*

Please describe any “off-site” enrichment opportunities you provide to children in your program. \* *(Limit up to 1500 characters)*

Is transportation provided to your program from local schools? \* Yes No

 If yes, please describe: \* *(Limit up to 1500 characters)*

If no, is transportation to your after-school program provided in some other way? \* *(Limit up to 150 characters)*

How does your program promote physical activity & healthy eating? \* *(Limit up to 1500 characters)*

Please describe how you involve parents in your after-school programs. (Parent information nights, teacher conferences, etc.). Please provide any available information on the level of attendance at these types of events. \* *(Limit up to 1500 characters)*

Please provide any additional information you would like us to know about the quality of the care and education offered to children by your program. *(Limit up to 1500 characters)*

**Financial Stability Narratives (will only show up if the ‘Program Type’ selected is ‘Financial Stability’)**

Please provide details of the typical process for someone who comes to you for one-on-one financial coaching. \* *(Limit up to 2000 characters)*

Provide a list of past Financial Education Workshops that your organization has planned & a short description of each workshop: \* *(Limit up to 4000 characters)*

**Recruitment & Waiting List**

Please describe how you recruit clients for the program and publicize the program. \* *(Limit up to 1500 characters)*

Do you currently have a waiting list? \* Yes No

 If yes, how long is it? \* *(Limit up to 150 characters)*

**Success Story**

Please provide a story that depicts how one client improved his or her life as a result of your program: \* *(Limit up to 4,000 characters)*

**Form 6: Outcome Measures**

Choose your outcome measures that you will be measuring for FY 23-24 and provide your data for FY 2021-2022 and proposed number to be served for FY 23-24. Anything with an \* is a required measure. All other performance measures you can choose to measure or not. Please refer to the **‘Community Impact 22-23 Grants Resources’** for how to complete this form.

**For those who selected Early Education as their Program Type:**

|  |
| --- |
| **Results** |
| All children have safe, quality care and education so they can learn, grow, and thrive. |
| **How Much? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2023-2024** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # of infants served\* | # of Clients Served or # of Activities Provided |  |  | *(For Interim & Final Reports Only)* | *(For Interim & Final Reports Only)* |
| Additional Information on Measures: |
| # of children ages 1 to 2 served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children ages 3 to 5 served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of parents who attended parent education programs | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| **How Well? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # of children enrolled in your program who attended 90% or more program days\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children enrolled in your program\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children served receiving literacy supports\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of staff trained to deliver quality programs, services\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| **Better Off? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # and % of children in your program who have ACHIEVED developmental milestones\* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children in your program who are PROFICIENT on school readiness assessments | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children who did not achieve developmental milestones | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children who show increased self-esteem/confidence | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children whose reading levels maintained or improved | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| *(Create your own Better Off? Performance Measure)* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |

**For those who selected After-School as their Program Area:**

|  |
| --- |
| **Results** |
| All children have safe, quality care and education so they can learn, grow and thrive. |
| **How Much? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # of children ages 5 to 10 served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children ages 11 to 13 served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children ages 14 to 18 served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of hours spent being physically active in your program\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of parents who attended parent education programs | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| **How Well? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # of children enrolled in your program who attended 90% or more program days\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children enrolled in your program\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of mentoring hours\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of hours of academic assistance provided\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of children provided or referred to support services\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of staff trained to deliver quality programs, services\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| **Better Off? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # and % of children moving to the next grade level on time | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children who showed improvement in grades | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children who show increased self-esteem/confidence | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children whose reading levels maintained or improved | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children developing a positive change in behavior/action | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of children completing life skills training | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| *(Create your own Better Off? Performance Measure)* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |

**For those who selected Increase Financial Literacy as their Program Area:**

|  |
| --- |
| **Results** |
| Everyone should be able to keep more of what they earn and start saving for a brighter future. |
| **How Much? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # of clients served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of clients who attended Financial Education Workshops\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of clients who received one-on-one financial coaching\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of clients who attended BOTH Financial Education Workshops & one-on-one financial coaching\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of one-on-one financial coaching sessions attended by clients served\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of staff who provided financial literacy services\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| **How Well? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # of clients who COMPLETED your one-on-one financial coaching program\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of clients who STARTED your one-on-one financial coaching program\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of clients who COMPLETED your financial education workshops\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of clients who STARTED your financial education workshops\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| # of staff trained to deliver quality programs, services\* | # of Clients Served or # of Activities Provided |  |  |  |  |
| Additional Information on Measures: |
| **Better Off? Performance Measures** | **Results for FY 2021-2022** | **Proposed for FY 2022-2023** | **Number Served July 1, 2023 – December 31, 2023** | **Number Served January 1, 2024 – June 30, 2024** |
| # and % of clients who adhered to a household budget for 3-6 months\* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of clients who achieved a short-term financial goal\* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of clients who increased their household savings\* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of individuals who open an account at a bank, credit union, or other mainstream financial institution | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of individuals who report they reduced their debt | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| # and % of clients who improved their credit score | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |
| *(Create your own Better Off? Performance Measure)* | # Served |  |  |  |  |
| # Achieving |  |  |  |  |
| Additional Information on Measures: |

**Form 7: Additional Grant Information *(optional form)***

This form is optional if you are not funded by any other grants for this program.

If you are funded with other grants, please provide:

1. The Funding Source name (list all organizations from which you have requested grant funds from in separate rows).
2. The Grant amount you have requested and/or received from the organization.
3. The Status of the grant – Please use the following status labels:
	1. *Pending* – Status for those funding sources that you have submitted a request for but are awaiting a decision
	2. *Awarded* – Status for those funding sources that you have been notified of approval of the submitted request
	3. *Received* – Status for those funding sources that you have received the submitted request (this is for funding that you have in the bank)

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Amount** | **Status** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**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 Unduplicated Clients** |
| 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** |
| Bethel\* |  |  |
| Bridgewater\* |  |
| Brookfield\* |  |
| Danbury\* |  |
| Kent\* |  |
| New Fairfield\* |  |
| New Milford\* |  |
| Newtown\* |  |
| Redding\* |  |
| Ridgefield\* |  |
| Roxbury\* |  |
| Sherman\* |  |
| Stamford\* |  |
| Warren\* |  |
| Washington\* |  |
| 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**

