United Way of Coastal and Western CT Impact Philanthropy Mini-Grant Program - Notice of Funds Availability

Date Released: Monday, March 11th, 2024

IMPACT PHILANTHROPY GRANT PROGRAM PURPOSE:

United Way provides financial support to nonprofit partners across Coastal and Western Connecticut through its annual Impact Philanthropy grant cycle.

WHO IS ALICE?

ALICE® is an acronym for **A**sset **L**imited, Income **C**onstrained, **E**mployed – representing the growing number of single adults and families who earn less than the basic costs of living. ALICE® includes people of all ages, backgrounds, abilities, races, ethnicities, etc. throughout our county, state, and nation. According to the most recent <u>ALICE® Report for Connecticut</u>, in the United Way of Coastal and Western Connecticut region, approximately 40% of the population lives below a basic cost of living threshold. This includes households defined as having annual household incomes that are at or below the Federal Poverty Level (FPL).

GRANT AWARD AND ASK AMOUNTS:

Grant Type

All FY 2024-2025 Impact Philanthropy Grant awards will be unrestricted mini-grants, a decision based on our commitment to trust-based philanthropy and recognition that unrestricted grants provide the flexibility nonprofit partners desperately need to carry out their work.

Number of Applications

Applicants may submit only one application per organization.

Total Funding Available

We are dedicated to distributing \$500,000 in grants for the upcoming Fiscal Year, aimed at fostering significant and positive changes within our community in health, education, and financial stability. We are rolling over our FY 24 grants and will reallocate 10% of these grants to create a new pool of funding for nonprofits that did not receive FY 24 grants. We will distribute \$100,000 of new grants, for which we are accepting applications from Monday, March 11-Friday, April 5. We recognize that community needs far outpace the available funding, making it likely that we will receive more applications than we can fund.

Grant Size

The grant award amounts for the 2024-2025 Impact Philanthropy Grant process will range from \$2,500 to \$10,000.

ELIGIBILITY:

The following requirements must be met for an application to receive funding through the Impact Philanthropy Grant program:

- 1. The organization must be a 501(c)(3) or other nonprofit IRS designation or community-based organization with a fiscal sponsor that has a 501(c)(3) or other nonprofit IRS designation.
- 2. The organization must demonstrate that it works in one or more of UWCWCs Impact Areas:
 - Education
 - b. Health

- c. Financial Stability
- 3. The organization serves clients in the UWCWC service area of Fairfield County (excluding Greenwich and Shelton) and Southern Litchfield County (New Milford, Kent, Warren, Washington, Bridgewater, Roxbury, Sherman)
- 4. The organization focuses on ALICE households those that live at or below the ALICE Threshold, including Federal Poverty Level.
- 5. The organization has **NOT** received funding from our Impact Philanthropy process in FY 2023-2024.

Eligible Use of Funds

We trust that organizations know best how to spend the grant dollars to carry out the work. To that end, these funds are truly flexible and can be used for a broad range of purposes including but not limited to:

- Personnel (staff costs)
- Equipment/supplies
- Technology/software
- Assistance to individuals
- Indirect costs (rent, utilities, other administrative expenses)
- Research and evaluation
- Professional fees and travel

Non-Eligible Use of Funds:

- Lobbying
- · Payment of taxes
- Subsidizing a business
- Refinancing or restructuring existing debt
- Relocation of a business
- Personal loans
- Illegal activities
- Religious activities (religious organizations may apply for funding for non-sectarian activities)

TIMELINE:

	Date/Time
Applications open for Impact Philanthropy Grants	Monday, March 11 th
Training on e-CImpact and Impact Philanthropy Grant process Due date for Impact Philanthropy Grants	Session 1: Thur., March 14, 2024, 11 am-12:30 pm Session 2: Mon., March 18, 2024, 3:30 pm – 5 pm Friday, April 5 th by 11:59 pm
Impact Philanthropy Committee will review applications	Month of April - May
Decisions Announced	Mid-June following Board of Directors' approval

HOW TO APPLY:

- 1. Review the Notice of Funding Availability (NOFA)
- 2. Attend a Live Zoom Information Session (The information provided at these sessions will be the same, so agencies only have to attend one session. Application information sessions are optional, but attendance is highly encouraged. Please come with the NOFA in hand and any questions you have on the process, application, and/or the e-CImpact software.)
 - a. Session 1: Thursday, March 14th, 2024 from 11:00 am to 12:30 pm

- i. Zoom Registration Link: https://us06web.zoom.us/meeting/register/tZAtcu2trD0vHtM3bqtmh5AjoXwNTJWL0KdJ
- b. Session 2: Monday, March 18th, 2024 from 3:30 pm to 5:00 pm
 - i. Zoom Registration Link: https://us06web.zoom.us/meeting/register/tZAude2spjguH9aQvWPh7Enu4xv-E5KZff4k
- 3. Create/Sign into your e-CImpact account
 - a. The UWCWC uses the <u>e-CImpact Grant Management</u> system for organizations to submit grant applications and reports.
 - All applicants must register online and create an account in order to submit their application.
 Please refer to the e-CImpact Registration Manual for specific steps on how to register for e-CImpact.
 - c. If an applicant already has an account in the system, they can continue to use that account for this application.
- 4. Review the application and required attachments.
- 5. Application Submission Options:
 - a. Complete the application through our e-Clmpact Grants Management Software (preferred method)
 - b. Complete the Word version of the application and submit to: communityimpact@unitedwaycwc.org. A member of the UWCWC Community Impact team will upload your application to the e-CImpact system.
 - c. Application deadline: April 5th, 2024 at 11:59 pm.

HAVE QUESTIONS? CONNECT WITH US!

There are several ways to connect with us to get more information:

- Impact Philanthropy Live Information Sessions:
 - a. Session 1: Thursday, March 14th, 2024 from 11:00 am to 12:30 pm
 - i. Zoom Registration Link: https://us06web.zoom.us/meeting/register/tZAtcu2trD0vHtM3bqtmh5AjoXwNTJWL0KdJ
 - b. Session 2: Monday, March 18th, 2024 from 3:30 pm to 5:00 pm
 - i. Zoom Registration Link: https://us06web.zoom.us/meeting/register/tZAude2spiguH9aQvWPh7Enu4xv-E5KZff4k
 - o A recording of the webinar will be shared with all who register and posted on e-CImpact.
- Friday Q & A Lunch Hours with the Community Impact team:
 - Each Friday during the application period from 12:00 to 1:00 PM until April 5, 2024.
 - o Zoom link to join Friday Q & A Sessions: https://us06web.zoom.us/j/85836350310
- One-on-One Support: Contact one of our Community Impact Team members by email or phone. Please leave a voicemail if we don't answer. We are committed to getting back to you within 48 hours.

COMMUNITY IMPACT TEAM CONTACT INFORMATION

The Community Impact Team is responsible for implementing the Impact Philanthropy Grant Process and is an important resource for organizations interested in applying. The team is available to be contacted by phone and/or email.

Title	Full Name	Phone Number	Email	Can Help Best With?
Senior VP of Community Impact	Ashley Gaudiano	203-297-6726	Ashley.gaudiano@unitedwaycwc.org	Questions regarding organization-level strategies and decisions
Community Impact Senior Coordinator	Victoria Scofield	203-883-6704	Victoria.scofield@unitedwaycwc.org	General grant process; e-CImpact software; covers cities/towns of Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, and Ridgefield
Stamford/Greater Norwalk Community Impact Coordinator	Alicia Nowlin- Downey	203-297-6246	Alicia.nowlin-downey@unitedwaycwc.org	General grant process; covers cities/towns of Stamford, Norwalk, Darien, New Canaan, Wilton, Weston, and Westport.
Greater Bridgeport Community Impact Coordinator	Archeline Youte	203-883-6712	Archeline.youte@unitedwaycwc.org	General grant process; covers cities/towns of Bridgeport, Easton, Fairfield, Monroe, Trumbull, and Stratford.
Greater New Milford Community Impact Coordinator	Katy Francis	860-354-8800	Katy.francis@unitedwaycwc.org	General grant process; covers cities/towns of New Milford, Bridgewater, Sherman, Kent, Roxbury, Warren, and Washington

United Way of Coastal and Western CT Impact Philanthropy Mini-Grant Program – Qualification Form

Date Due: Friday, April 5, 2024 at 11:59pm

1. Is your organization a: * (Select one)

501(c)(3) Nonprofit	Another IRS Nonprofit	A Community-Based Organization
	Determination	applying with a Fiscal Sponsor

- 1a. If you selected 'Another IRS Nonprofit determination', please state your IRS Nonprofit determination. * (Limit up to 150 characters)
- 1b. If you selected 'A Community-Based Organization', please state the name and IRS Nonprofit determination for your Fiscal Sponsor. * (Limit up to 500 characters)
- 2. Select the Impact Area that best fits your organization's mission: * (Choose one)

Education	Hoolth	Einanaial Stability
Education	nealu i	rinanciai Stability

3. Select all Cities/Towns in UWCWC footprint served by your organization: * (Select all that apply)

Bethel	Brookfield	Bridgewater	Bridgeport	Danbury
Darien	Easton	Fairfield	Kent	Monroe
New Canaan	New Fairfield	New Milford	Newtown	Norwalk
Redding	Ridgefield	Roxbury	Sherman	Stamford
Stratford	Trumbull	Warren	Washington	Weston
Westport	Wilton			

- 4. Does your organization focus on ALICE households those that live at or below the ALICE Threshold, including Federal Poverty Level (FPL)? * (Select one) Yes No
- 5. Did you receive funding from the United Way of Coastal and Western CT in Fiscal Year 2023-2024 through our Community Impact and/or Impact Philanthropy processes? * (Select one) Yes No

Certifications

6. Have you read the Grant Guidelines document? * (Select one) Confirm Deny

United Way of Coastal and Western CT Impact Philanthropy Mini-Grant Program – Qualification Form

Date Due: Friday, April 5, 2024 at 11:59pm

FORM 1: AGENCY INFORMATION & NARRATIVES

Organization Name *

EIN*

Primary Address *

City, State, Zip *

Organization Phone *

Executive Director & Contact Information *

Executive Director Preferred Pronouns: * (Select one)

If you select 'Prefer to Self-Describe', what are your Executive Director's preferred pronouns? * (Limit up to 150 characters)

Organization Website *

Agency Mission Statement * (Limit up to 2,000 characters)

Select the Impact Area that best fits your organization's mission: * (Choose one)

Select the Impact Focus Area(s) that best fit your organization's mission: * (Select all that apply)

Adult Education	ult Education Child Care Civic Engagement		Community Development
Disaster Services	Disaster Services Education (Ages 0-18)		Financial Literacy
Food Insecurity	Food Insecurity Healthcare		Household Necessities (i.e. clothing, personal hygiene products, appliances, etc.)
Immigration	Individuals with Disabilities	Legal Assistance	Mental Health
Older Adults	Parenting Resources	Substance Use	Transportation
Utilities	Other		

If you select 'Other', what Impact Focus Area(s) best fit your organization's mission? * (Limit up to 150 characters)

Cities/Towns in UWCWC's footprint served by your organization * (Select all that apply)

Bethel	Brookfield	Bridgewater	Bridgeport	Danbury
Darien	Easton	Fairfield	Kent	Monroe
New Canaan	New Fairfield	New Milford	Newtown	Norwalk
Redding	Ridgefield	Roxbury	Sherman	Stamford
Stratford	Trumbull	Warren	Washington	Weston
Westport	Wilton			

Primary Agency Contact for this Grant

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

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

Primary Contact Preferred Pronouns: * (Choose one)

She/Her/Hers	He/Him/His	They/Them/Theirs	Prefer to Self-Describe
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If you select 'Prefer to Self-Describe', what pronouns do you prefer to go by? * (Limit up to 150 characters)

Phone Number for Primary Contact: * (Numbers only)

Email for Primary Contact: *

Funding Request:

Amount of Funding Requested (not to exceed \$10K) * (Numbers Only)

What is your organization's total budget? * (Numbers Only)

Though these funds are unrestricted, for the UWCWC insight and tracking purposes, please select the category for which you are LIKELY to use this funding. * (Select one)

Programmatic Genera	al Operating Capacity Building	Emergency/Sustainability
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Organizational Narrative

What has been your organization's recent impact on the community or constituents it serves? You are encouraged to share a success story to better illustrate your impact. * (Limit up to 4,000 characters)

Briefly describe your organization's internal and external impact goals for the upcoming funding period. Make sure to include how these impact goals align with the UWCWC Impact Areas of education, health, and financial stability. * (Limit up to 4,000 characters)

What will be different as a result of your organization's work over the next year? What does your organization hope to learn about itself or the community it serves? * (Limit up to 4,000 characters)

Sometimes the work is better understood by seeing it. Please provide any links to any additional website and/or social media or content that might better help the decision-makers understand what you do. Don't have any links to share? No worries, you can also use this box to share anything else you'd like us to know about your organization regarding this application. (Limit up to 4,000 characters)

Population Served

Do you collect income information on your clients/constituents? * (Select one) Yes

Yes No

If 'Yes', do you use income information to QUALIFY clients/constituents for your programs/services? * (Select one) Yes No

If 'Yes', how do you collect income information? Do you qualify based on the Federal Poverty Level (FPL), the ALICE Threshold, or another income threshold? Briefly explain. * (Limit up to 4,000 characters)

If 'No', briefly explain why you do not collect income information. Are your programs/services open to all? What information do you collect, if any, on your clients/constituents? * (Limit up to 4,000 characters)

Nonprofit Capacity Building

How would you describe the current state of your organization's finances? What types of support or resources does your organization require to enhance financial stability and prepare for future financial fluctuations or uncertainties? * (Limit up to 4,000 characters)

What motivates you (and your team, if applicable) to do this work? How have you/your team been impacted by the challenge(s) your work addresses? * (Limit up to 4,000 characters)

List any key areas for organizational enhancement or capacity development—such as strategic planning, board development, financial management, program evaluation, technological advancements, fundraising, etc.—that are essential for achieving your mission throughout the grant term. * (Limit up to 4,000 characters)

Diversity, Equity, and Inclusion

Does the organization's Executive Director identify as Black, Indigenous, or a Person of Color (BIPOC)? *
(Select one) Yes No Prefer Not to Answer

What has your organization done to strengthen diversity and inclusion (gender, racial, cultural, linguistic, ethnic, religious, ability, etc.) in its work? Where does your organization have room for improvement? * (Limit up to 4,000 characters)

UWCWC recognizes the limitations of the questions and data we are asking for in this application. Are there additional ways to identify the demographics of your board and/or staff that are important to your work that you would like us to understand? (For example: more nuanced ethnic/racial identities, sexual orientation, disability, etc.) (Limit up to 4,000 characters)

Applicant Feedback (Optional Section)

Please estimate the total number of hours you and your staff spent on the grant application creation process. (Numbers only)

We are constantly working to improve the applicant's experience in the application process. Please share any feedback that might make this process better. (*Limit up to 2,000 characters*)

FORM 2: ORGANIZATION AND POPULATION SERVED DEMOGRAPHICS

Demographic	Number of Organization Staff Identifying As	Number of Organization Leadership Identifying As	Number of Organization Board of Director's Identifying As	Number of Individuals Served by Organization Identifying As
Total (Complete this row first, as all other Total rows must match this one.)				
Race/Ethnicity				
African American or Black				
American Indian or Alaska Native				
Asian or Asian American				
Hispanic/Latino/Latina/ Latinx or Spanish Origin				
Middle Eastern or Northern African				
Native Hawaiian or Pacific Islander				
White (non-Hispanic)				
Mixed Race/Multi-Race				
Prefer to Self-Describe				
Prefer not to answer				
Total				
Gender				
Female				
Male				
Non-Binary				
Agender				
Gender Fluid				
Gender Queer				
Prefer to Self-Describe				
Prefer not to answer				
Total				

FORM 3: ATTACHMENTS

- Most recent Organizational/Agency Budget
- (As Needed) Demographics
- (As Needed) Other Materials Feel free to provide additional materials that you feel will add to your application. Please submit any additional materials in one document.
- (As Needed) Fiscal Sponsorship Agreement Please submit a copy of the signed Fiscal Sponsorship Agreement between your Fiscal Sponsor and the Community-Based Organization.