

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

Date Released: **March 10th, 2025**

Application Due Date: **April 22nd, 2025**

PURPOSE

United Way provides financial support to nonprofit partners across Coastal and Western Connecticut through its annual Impact Philanthropy grant cycle. To align with our new strategic plan, we have redesigned the Impact Philanthropy grant process to consist of two funding opportunities.

Basic Needs

The Basic Needs grant program is committed to advancing equity and community well-being by supporting organizations that support the various needs of households at or below the ALICE Threshold.

Community Catalyst

The Community Catalyst program is our brand new grant process. In recognizing the transformative power of grassroots organizations leading community-driven solutions, this grant process provides unrestricted funding to grassroots organizations and/or organizations working in civic engagement and community building in support of households at or below the ALICE Threshold.

ABOUT UNITED WAY OF COASTAL AND WESTERN CONNECTICUT

United Way of Coastal and Western Connecticut (UWCWC) envisions a community where every person is healthy, safe, and economically secure. We work in partnership with communities to address critical needs and advance equitable pathways to wellbeing and financial security for everyone. We are committed to improving the lives of the 42% of our neighbors who work hard but earn incomes below the ALICE® Threshold.

We do so by focusing on the following priorities: Advocacy, Collective Action, Community Partnerships, Direct Service programs, and strategic Grantmaking.

UWCWC serves 27 communities across Fairfield County (excluding Greenwich and Shelton) and Southern Litchfield County (which includes Bridgewater, Kent, New Milford, Roxbury, Sherman, Warren, and Washington).

Everything we do is guided by our values:

- **Informed:** guided by data, lived experience, and community voice



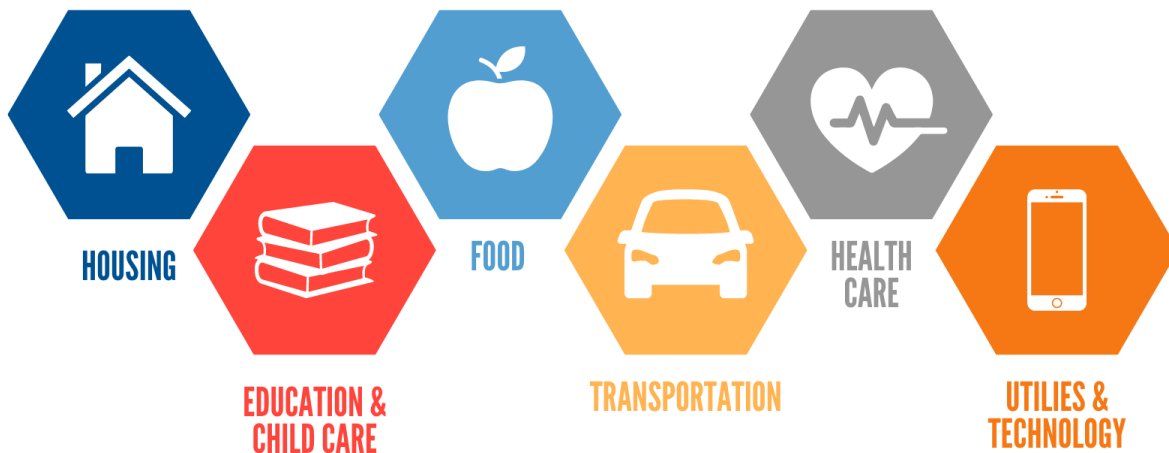
- **Collaborative:** respect, partnership, and empowerment
- **Responsive:** action-oriented change agents, flexible, agile and innovative
- **Accountable:** transparency and accountability that leads to trust

For more information about UWCWC, visit our [website](#).

WHAT IS ALICE?

ALICE® is an acronym for **Asset Limited, Income Constrained, Employed** – 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 [ALICE® Report for Connecticut](#), in the UWCWC 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).

The [ALICE Threshold](#) is determined from the [ALICE Household Survival Budget](#), which provides the bare minimum budget for essentials by household composition, in every county. It consists of the following essential expenses: Housing, Utilities and Technology, Education and Child Care, Food, Transportation, Health Care, Taxes, and 10% for Miscellaneous expenses.



CIVIC ENGAGEMENT SPECTRUM (Community Catalyst Only)

The following forms of civic engagement and community building activities are eligible for the Community Catalyst grants. Please note that funds may not be used to pay for a lobbyist.

Political and Governance Engagement

- **Voting** – Increasing voter participation through registration and electoral engagement.
- **Deliberative Democracy** – Convening public discussions for decision-making and consensus-building.
- **Political Participation** – Encouraging public involvement in governance (e.g., attending meetings, participatory budgeting).
- **Advocacy & Public Policy** – Raising awareness and influencing policy decisions.

Community-Based Engagement

- **Neighborhood Associations** – Participating in or forming local groups to address community issues.
- **Mutual Aid Networks** – Organizing direct support and resource-sharing among community members.

- **Social Capital/Cohesion** – Fostering interpersonal trust and informal community-building activities.
- **Community Organizing** – Mobilizing people for action through grassroots movements.
- **Service** – Supporting service projects and encouraging volunteerism.

Education and Leadership

- **Parent & Family Advocacy in Community and Schools** – Engaging in parent leadership groups, community messenger, and school board initiatives.
- **Civic Learning** – Educating youth on civic engagement through school-based programs and service learning.
- **Leadership Development** – Training individuals to take on leadership roles for the public good.

GRANT AWARD AND ASK AMOUNTS

Grant Type

All Fiscal Year (FY) 2025-2026 Impact Philanthropy Grant awards will be unrestricted 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 per grant category, i.e. Basic Needs **OR** Community Catalyst.

Total Funding Available

We are committed to investing in our community, with more than **\$750,000** in total community investments, including **\$332,000** in competitive grants for the upcoming fiscal year. These grants are designed to address critical needs and drive systemic change in **health, education, and financial stability**.

- The **Basic Needs** grant process has a total of \$232,000 available for distribution.
- The **Community Catalyst** process has a total of \$100,000 available for distribution.

We recognize that community needs far exceed available funding, and we anticipate receiving more applications than we can support. While not all applications will be funded, we deeply value our partnerships and remain committed to working together to strengthen our community.

Grant Size

The grant award amounts for the FY 2025-2026 Impact Philanthropy Grant process will have a maximum request amount of \$20,000.

Due to the highly competitive nature of these funds, we may not be able to award the full requested amount.

ELIGIBILITY

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

- Organization must be a 501(c)(3) or other nonprofit IRS designation **OR** have a Fiscal Sponsor that has nonprofit status.

- Organization serves clients in the 27-town UWCWC service area of Fairfield County (excluding Greenwich and Shelton) and Southern Litchfield County (Bridgewater, Kent, New Milford, Roxbury, Sherman, Warren, and Washington).
- Organization serves ALICE households – those living at or below the ALICE Threshold, including the Federal Poverty Level.

Basic Needs Specific

- Organization must demonstrate that it provides services in one or more of the ALICE Household Survival Budget Basic Needs categories:
 - Housing & Shelter
 - Utilities & Technology: water, electricity, internet, cellphone services, etc.
 - Child Care & Education: enrichment activities for children, educational opportunities for any age, summer camp, etc.
 - Food
 - Transportation: auto repairs, DMV fees, insurance costs, etc.
 - Health Care: physical, mental, holistic, and substance abuse services.
- Organization has **NOT** applied for our FY 26 Community Catalyst grant process

Community Catalyst Specific

- Organization is transforming systems, big or small, and/or building community power.
- Organization demonstrates efforts within the Civic Engagement spectrum
- Organization has **NOT** applied for our FY 26 Basic Needs grant process.

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); training
- Equipment/supplies
- Technology/software
- Assistance to individuals
- Indirect costs (rent, utilities, etc.)
- Research and evaluation
- Professional fees and travel

Non-Eligible Use of Funds

- Pay for a lobbyist
- 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)
- Purchase of items to resell

TIMELINE

| Grant Process | Date/Time |
|--|---|
| Notice of Funding Availability (NOFA) - Released | Monday, March 10, 2025 |
| Impact Philanthropy/ALICE Fund Information Session (highly recommended – choose one) | Session 1: Wed., March 12, 2025, 11 am Session 2: Thurs., March 20, 2025, 9 am Session 3: Tues., March 25, 2025, 2 pm |
| Due date for Impact Philanthropy Grants | Tuesday, April 22, 2025, by 11:59 pm |
| Impact Philanthropy Committees will review applications | From April to June 2025 |
| (Community Catalyst Only) 30-Minute Presentations | Weeks of June 2 and 9, 2025 |
| Decisions Announced | End of June 2025 following Board of Directors' approval |

HOW TO APPLY

1. **Review Materials** – Read the NOFA, application, and required attachments.
2. **Attend an Info Session (Optional, but highly recommended to attend – choose one)** – Join a live Microsoft Teams session to ask questions about the NOFA, application, and e-CImpact system.
 - a. **Session 1:** Wednesday, March 12, 2025, from 11 am to 12:30 pm – [Registration Link](#)
 - b. **Session 2:** Thursday, March 20, 2025, from 9 am to 10:30 am – [Registration Link](#)
 - c. **Session 3:** Tuesday, March 25, 2025, from 2 pm to 3:30 pm – [Registration Link](#)
3. **Register/Login to e-CImpact** – Create or log into your e-CImpact account to submit applications. Follow the [e-CImpact Registration Manual](#) for guidance.
4. **Submit Your Application (Due April 22nd, 2025, by 11:59 pm)**
 - a. **Preferred:** Complete and submit via [e-CImpact](#).
 - b. **Alternative:** Fill out the Word version and email to communityimpact@unitedwaycwc.org for upload.

HAVE QUESTIONS? CONNECT WITH US!

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

- **Impact Philanthropy Live Information Sessions:**
 - Find the session link in the “How to Apply” section of the NOFA.
 - A recording will be shared with all registrants and posted on e-CImpact.
- **Friday Q&A Lunch Hours** (During the application period)
 - Every Friday from 12:00 – 1:00 pm
 - Drop in anytime with questions – no set agenda; topics depend on participant inquiries.
 - [Teams Link for Lunch Hours](#) – Use this same link each Friday to join.
- **One-on-One Support**
 - Contact a member of the Community Impact Team via email or phone.
 - If unavailable, leave a voicemail – we’ll respond 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? |
|---|---------------------------------------|--------------|--|--|
| Chief Operating Officer | Ashley Gaudiano (she/her) | 203-297-6726 | Ashley.gaudiano@unitedwaycwc.org | Questions regarding organization-level strategies and decisions |
| Senior Director of Community Impact | Douglas Ordonez (he/him) | 203-616-2021 | Douglas.ordonez@unitedwaycwc.org | General grant process; questions regarding department-level strategies and decisions; the ALICE Fund |
| Community Investments Senior Coordinator | Victoria Scofield (she/her) | 203-883-6704 | Victoria.scofield@unitedwaycwc.org | Anything UWCWC Grantmaking related; e-CImpact software |
| Community Engagement Coordinator | Archeline Youte (she/her) | 203-883-6712 | Archeline.youte@unitedwaycwc.org | General grant process; the ALICE Fund; covers all of Fairfield County (except Greenwich and Shelton) |
| Southern Litchfield County Community Impact Coordinator | Katy Francis (she/her) | 860-354-8800 | Katy.francis@unitedwaycwc.org | General grant process; covers cities/towns of New Milford, Bridgewater, Sherman, Kent, Roxbury, Warren, and Washington |

Impact Philanthropy

Basic Needs Grant Application FY 2025-2026



Your organization must complete this form prior to gaining access to the full application in e-CImpact. It will help your organization identify if you are eligible for this grant process.

Qualification Form

| | | | |
|---|--|---|----|
| Is your organization a 501(c)(3) or other nonprofit IRS designation or has a Fiscal Sponsor that has nonprofit status? * (Select one) | | Yes | No |
| Does your organization serve ALICE households (those living at or below the ALICE Threshold, including the Federal Poverty Level)? * (Select one) | | Yes | No |
| Does your organization serve clients in the UWCWC 27-town service area (excluding Greenwich and Shelton)? * (Select one) | | Yes | No |
| Does your organization provide services in one or more of the ALICE Household Survival Budget Basic Needs categories? * (Select all that apply) | | | |
| Housing | Utilities & Technology <i>(water, electricity, internet, cellphone, etc.)</i> | Child Care & Education <i>(enrichment activities, educational opportunities, summer camps, etc.)</i> | |
| Food | Transportation <i>(auto repairs, DMV fees, insurance, etc.)</i> | Health Care <i>(physical, mental, holistic, and substance abuse services)</i> | |
| Has your organization applied for our FY 26 Community Catalyst Grant process? * (Select one) | | Yes | No |

Form 1: Basic Needs Application



All questions in red will autofill based off information provided in the agency or program profile and/or other applications/reports in e-Clmact. If fields are missing or cannot be edited in the application, please update your agency and/or program profiles. Please reach out to a member of the Community Impact Team if you have any questions.

Questions with an * are required.

If there is a discrepancy in language between this NOFA and that found in the online application, default to the language used in the online application.

For ease of use, we have allowed the system's maximum character limits for each field. All character limits include spaces, please keep this in mind if copying and pasting information. For the sake of your time and ours, please try to keep answers as brief as possible. For narrative questions, we recommend not exceeding one to two paragraphs per question. The committee members will thoroughly read your entire application. Therefore, please avoid providing redundant information when composing your answers to each question.

Organization Information

Organization Name *

EIN *

Executive Director & Contact Information * *(Will autofill with Executive Director information, update as needed)*

Executive Director Preferred Pronouns: * *(Select one)*

| | | | |
|--------------|------------|------------------|-------------------------|
| She/Her/Hers | He/Him/His | They/Them/Theirs | Prefer to Self-Describe |
|--------------|------------|------------------|-------------------------|

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

Organization Website *

Website link to organization's most recent Annual Report.



Why do we ask? Organizations are doing a ton of work in the community, and this is sometimes not easily put into applications. Your most recent Annual Report will help give us a good overview of your organization and its programs and services.

If available online, please add the link here. You will also have the opportunity to attach the Annual Report in 'Form 2: Attachments'.

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

Does your organization use a Fiscal Sponsor? * *(Select One)* Yes No



While we ask for the Fiscal Sponsor contact details here, the remainder of the questions in this application are focused on the applying organization.

If you select 'Yes', please complete the following questions on your Fiscal Sponsor:

Fiscal Sponsor for this Grant: * (Limit up to 150 characters)

Fiscal Sponsor EIN: *

Fiscal Sponsor Primary Contact for this Grant: * (Limit up to 150 characters)

Fiscal Sponsor Primary Contact Title/Role: * (Limit up to 150 characters)

What is the problem your organization is addressing for ALICE? (Why does your organization exist? Share relevant data or lived experiences that illustrate the need for your work.) * (Limit up to 4,000 characters)



What are we looking for? We would like to understand the type (i.e. membership-based, coalition, or other type) as well as overarching purpose of your organization. This should not be your organization's mission statement.

Why do we ask? We will use this description to help us understand the type of organization you represent and the work of the organization. We will also use this wording for our dockets and grant lists. Please try to keep this answer to one paragraph.

What UWCWC region does your organization primarily service? * (Select one)

| | | | | | |
|--|--|---|--|-------------------------|--------------|
| <p>Greater Bridgeport Region (serves Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull)</p> | <p>Greater Norwalk Region (serves Darien, New Canaan, Norwalk, Weston, Westport, and Wilton)</p> | <p>Northern Fairfield County (Greater Danbury) Region (serves Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, and Ridgefield)</p> | <p>Southern Litchfield County Region (serves Bridgewater, Kent, New Milford, Roxbury, Sherman, Warren, and Washington)</p> | <p>City of Stamford</p> | <p>Other</p> |
|--|--|---|--|-------------------------|--------------|

If you select 'Other', please briefly describe. * (Limit up to 4,000 characters)



What are we looking for? Tell us the UWCWC region that you do the most work in. If you are applying for specific program, let us know the primary region the program serves.

Why do we ask? This will give us an idea of where you work within our footprint. In addition, we will use this choice to organize applications by region. If you have any questions about UWCWC regions or which you should choose, please contact a member of the Community Impact team.

Primary Organization Contact for this Grant



This is the person with the responsibility for overseeing the project. This person will be the primary recipient of all key UWCWC correspondence: copy of award notice, post-award monitoring, and grant closure.

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

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

Primary Contact Preferred Pronouns: * (Select one)

| | | | |
|--------------|------------|------------------|-------------------------|
| She/Her/Hers | He/Him/His | They/Them/Theirs | Prefer to Self-Describe |
|--------------|------------|------------------|-------------------------|

If you select 'Prefer to Self-Describe', what are the pronouns that 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 \$20K) * (Numbers Only)



Please be advised that this is a highly competitive grant process. Due to the anticipated volume of applications, not all applicants will receive funding. Additionally, awarded grants may be for an amount lower than the full requested amount.

How will these funds be used? * (Select one)

| | |
|---------------------------------|----------------------|
| General Operating Support (GOS) | Programmatic Support |
|---------------------------------|----------------------|

If you select 'GOS', describe how these funds will support the overall work of your organization. * (Limit up to 4,000 characters)

If you select 'Programmatic Support', describe the specific program this funding will support, including objectives and impact. * (Limit up to 4,000 characters)

If your organization receives partial or no funding, what impact would this have on your programs, staff, or community? Would it affect matching funds, program continuation, or scale? * (Limit up to 4,000 characters)

Alignment

Select the basic needs categories that best fit the services you provide: * (Select all that apply)

| | | |
|---------|------------------------|------------------------|
| Housing | Utilities & Technology | Child Care & Education |
| Food | Transportation | Health Care |



Why do we ask? We are looking to understand the types of services your organization offers for your target population(s) in the context of the ALICE Household Survival Budget categories.

Describe your organization's program(s) or impact model, including the services you provide on a day-to-day basis. How does your work directly support ALICE households and contribute to addressing critical needs in the community? * (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)



Why do we ask? We are all in nonprofit work for a reason. Help us understand yours and your teams' motivations.

Are there other organizations providing similar services in your service area? * (Select one) Yes No

If you select 'Yes', what differentiates you from other agencies doing this work? How do you collaborate with similar organizations? * (Limit up to 4,000 characters)

Community

Who are the primary populations served by your organization's work? * (Select all that apply)

| | | | |
|---|-------------------------------------|--|--|
| Asian/Asian American | African/African American/Black | Indigenous/American Indian/Native American/Alaska Native | Latino/Latinx/Hispanic/ Spanish Origin |
| Middle Eastern/Arab/ Arab American/ North African | Native Hawaiian/Pacific Islander | Caribbean/Afro Caribbean | White (non-Hispanic) |
| Multiethnic and/or multiracial | Immigrants/refugees/ asylum seekers | Incarcerated or formerly incarcerated | Federal Poverty Level |
| ALICE Population | People with disabilities | LGBTQ+ | Women/girls/female-identifying |
| Men/boys/male-identifying | Young Children (ages 0-5) | School-Aged Children (ages 6-18) | Young Adults (ages 19-24) |
| Older Adults (65+) | Businesses | Other nonprofit organizations | Other |
| No specific population | | | |

If you select 'Other', please give a short description of the population served by your organization. * (Limit up to 4,000 characters)



What are we looking for? Help us get a general understanding of the target population(s) that you serve. If you don't serve a specific population, but are open to all, please select 'No specific population.'

How does your Board of Directors and staff reflect the communities you serve? Share any efforts to ensure leadership is inclusive of the populations served. * (Limit up to 4,000 characters)


How do the people you serve actively shape your work? Provide examples of decision-making, leadership roles, or direct input in program design and evaluation. * (Limit up to 4,000 characters)

Impact


How will this funding strengthen your organization and enhance your ability to serve ALICE households? Describe how it will help you adapt, innovate, or improve your services. (Limit up to 4,000 characters)

How does your organization define success, both in the short and long term? What outcomes do you track? Feel free to provide data, stories, or community feedback demonstrating your impact. * (Limit up to 4,000 characters)

Financial

 **Why do we ask?** We want to get a better overall understanding of your organizations' finances outside of just doing a review of your organizational budget, IRS 990, and/or audited financials. We know that documents can only give us so much information on your organization's future plans. This will also give us an idea of how your organization has or might be affected by any changes at the Federal level.

What is your organization's operating budget for FY 2025-2026? * (Numbers only)

 **What are we looking for?** We are looking for the total operating expenses for your organization for the fiscal year. **Why do we ask?** Although we also ask for your operating budget in the attachments, this field allows us to create a report to easily share key facts about your organization with the review committee and ensures we have the correct total.

Has your organization experienced any major shifts in funding? (For example, loss of a key grant, increased costs, new funding sources, etc.) * (Select one) Yes No

If you select 'Yes', please describe these changes and their impact on your organization. * (Limit up to 4,000 characters)

Do you receive any Federal funding for these services? * (Select one) Yes No


If you select 'Yes', what percentage of your overall operating budget comes from federal funding? * (Numbers only)

Does your organization currently have an operating budget deficit? * (Select one) Yes No

If you select 'Yes', please explain. * (Limit up to 4,000 characters)

Is there any additional supplemental information you'd like to share? (Limit up to 4,000 characters)

Form 2: Attachments

 If applying with a Fiscal Sponsor, please submit all required attachments for your ORGANIZATION, not the sponsor.

Required

- **Most recent Organization Annual Operating Budget** – We are looking for the total operating expenses for your organization for the fiscal year in whatever format or documentation you normally use. We are not looking for the budget for a project or program of your organization, even if you are hoping to apply for funding solely for that project or program.

Optional

- (If available) **Organization's Most Recent Annual Report** – This will help give the reviewers a better understanding of your work.

- **Fiscal Sponsorship Agreement** – Please submit a copy of the signed Fiscal Sponsorship Agreement between your Fiscal Sponsor and the Community-Based Organization.
- **Other Materials** – Please provide any additional materials that you feel will add to your application. Please submit these materials in a single PDF/Word document.

SAMPLE

Impact Philanthropy

Community Catalyst Grant Application FY 2025-2026



Your organization must complete this form prior to gaining access to the full application in e-Clmpact. It will help your organization identify if you are eligible for this grant process.

Qualification Form

| | | |
|--|-----|----|
| Is your organization a 501(c)(3) or other nonprofit IRS designation, or has a Fiscal Sponsor that has nonprofit status? * (Select one) | Yes | No |
| Is your organization transforming systems, big or small, and/or building community power in the 27-town UWCWC service area (excluding Greenwich and Shelton)? * (Select one) | Yes | No |
| Does your organization demonstrate efforts within the civic engagement spectrum in support of ALICE households – those living at or below the ALICE Threshold, including Federal Poverty Level. * (Select one) | Yes | No |
| Has your organization applied for our FY 26 Impact Philanthropy Basic Needs Grant process? * (Select one) | Yes | No |

Form 1: Organization Information



All questions in red will autofill based off information provided in the agency or program profile and/or other applications/reports in e-Clmpact. If fields are missing or cannot be edited in the application, please update your agency and/or program profiles. Please reach out to a member of the Community Impact Team if you have any questions.

Questions with an * are required.

If there is a discrepancy in language between this NOFA and that found in the online application, default to the language used in the online application.

For ease of use, we have allowed the system’s maximum character limits for each field. All character limits include spaces, please keep this in mind if copying and pasting information. For the sake of your time and ours, please try to keep answers as brief as possible. For narrative questions, we recommend not exceeding one to two paragraphs per question. The committee members will thoroughly read your entire application. Therefore, please avoid providing redundant information when composing your answers to each question.

Organization Name *

EIN *

Executive Director & Contact Information * (Will autofill with Executive Director information, update as needed)

Executive Director Preferred Pronouns: * (Select one)

| | | | |
|--------------|------------|------------------|-------------------------|
| She/Her/Hers | He/Him/His | They/Them/Theirs | Prefer to Self-Describe |
|--------------|------------|------------------|-------------------------|

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

Organization Website *

Briefly describe your organization's mission and purpose. Help the review committee understand why your organization exists and more about the communities you serve. * (Limit up to 4,000 characters)

? **What are we looking for?** We would like to understand your organization's mission, the type (i.e. membership-based, coalition, or other type) of organization, as well as overarching purpose of your organization.

Why do we ask? We will use this description to help us understand the type of organization you represent and the work of the organization. We will also use this wording for our grant lists. Please try to keep this answer to one paragraph.

Website link to organization's most recent Annual Report.

? **What are we looking for?** If available online, please add the link here. You also have the opportunity to attach your Annual Report in 'Form 2: Organization Attachments'.

Why do we ask? Organizations are doing a ton of work in the community, and this is sometimes not easily put into applications. Your most recent Annual Report will help give us a good overview of your organization and its programs and services.

Does your organization use a Fiscal Sponsor? * (Select One) Yes No

? While we ask here for the Fiscal Sponsor contact details, the remainder of the questions in this application are focused on the applying organization.

If you select 'Yes', please complete the following questions on your Fiscal Sponsor:


Fiscal Sponsor for this Grant: * (Limit up to 150 characters)

Fiscal Sponsor EIN: *

Fiscal Sponsor Primary Contact for this Grant: * (Limit up to 150 characters)

Fiscal Sponsor Primary Contact Title/Role: * (Limit up to 150 characters)

Primary Organization Contact for this Grant

 This is the person with the responsibility for overseeing the project. This person will be the primary recipient of all key UWCWC correspondence: copy of award notice, post-award monitoring, and grant closure.

Primary Contact for this Grant: * (Limit up to 150 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 |
|--------------|------------|------------------|-------------------------|

If you select 'Prefer to Self-Describe', what are the pronouns that you prefer to go by? * (Limit up to 150 characters)

Phone Number for Primary Contact: * (Numbers only)

Email for Primary Contact: *

Community

Who are the primary populations served by your organization's work? * (Select all that apply)

| | | | |
|--|-------------------------------------|--|--|
| Asian/Asian American | African/African American/Black | Indigenous/American Indian/Native American/Alaska Native | Latino/Latinx/Hispanic/ Spanish Origin |
| Middle Eastern/Arab/ Arab American/ Northern African | Native Hawaiian/Pacific Islander | Caribbean/Afro-Caribbean | White (non-Hispanic) |
| Multiethnic and/or multiracial | Immigrants/refugees/ asylum seekers | Incarcerated or formerly incarcerated | Federal Poverty Level |
| ALICE Population | People with disabilities | LGBTQ+ | Women/girls/female-identifying |
| Men/boys/male-identifying | Young Children (ages 0-5) | School-Aged Children (ages 6-18) | Young Adults (ages 19-24) |
| Older Adults (65+) | Businesses | Other nonprofit organizations | Other |
| | | | No specific population |

If you select 'Other', please give a short description of the population served by your organization. * (Limit up to 4,000 characters)



Why Are We Asking? Help us get a general understanding of the target population(s) that you serve. If you don't serve a specific population, but are open to all, please select 'No specific population.'

How does your Board of Directors and staff reflect the communities you serve? Share any efforts to ensure leadership is inclusive of the populations served. * (Limit up to 4,000 characters)

How does your organization engage with, learn from, and build authentic, trust-based relationships with communities that have historically been excluded or marginalized? Provide specific examples of how you listen to, support, and collaborate with these communities beyond the programmatic services you provide. * (Limit up to 4,000 characters)

Financial



Why do we ask? We want to get a better overall understanding of your organizations' finances outside of just doing a review of your organizational budget, IRS 990, and/or audited financials. We know that documents can only give us so much information on your organization's future plans.

This will also give us an idea of how your organization has or might be affected by any changes at the Federal level.

What is your organization's operating budget for FY 2025-2026? * (Numbers only)



What are we looking for? We are looking for the total operating expenses for your organization for the fiscal year.

Why do we ask? Although we also ask for your operating budget in the attachments, this field allows us to create a report to easily share key facts about your organization with the review committee and ensures we have the correct total.

Has your organization experienced any major shifts in funding? (For example, loss of a key grant, increased costs, new funding sources, etc.) * (Select one) Yes No

If you select 'Yes', please describe these changes and their impact on your organization. * (Limit up to 4,000 characters)

Do you receive any Federal funding for these services? * (Select one) Yes No

If you select 'Yes', what percentage of your overall operating budget comes from federal funding? * (Numbers only)

Does your organization currently have an operating budget deficit? * (Select one) Yes No

If you select 'Yes', please explain. * (Limit up to 4,000 characters)

Is there any additional supplemental information you'd like to share? (Limit up to 4,000 characters)

Form 2: Organization Attachments



If applying with a Fiscal Sponsor, please submit all required attachments for your ORGANIZATION, not the sponsor.

Required

- **Most recent Organization Annual Operating Budget** – We are looking for the total operating income and expenses for your organization for the fiscal year in whatever format or documentation you normally use. We are not looking for the budget for a project or program of your organization, even if you are hoping to apply for funding solely for that project or program.

Optional

- (If available) **Organization's Most Recent Annual Report** – This will help give the reviewers a better understanding of your work.

- **Fiscal Sponsorship Agreement** – Please submit a copy of the signed Fiscal Sponsorship Agreement between your Fiscal Sponsor and the Community-Based Organization.
- **Other Materials** – Please provide any additional materials that you feel will add to your application. Please submit these materials in a single PDF/Word document.

Form 3: Program/Project Information

Program/Project Name: * (Limit up to 150 characters)

Amount of Funding Requested (not to exceed \$20K) * (Numbers Only)



Please be advised that this is a highly competitive grant process. Due to the anticipated volume of applications, not all applicants will receive funding. Additionally, awarded grants may be for an amount lower than the full requested amount.

If your organization receives partial or no funding, what impact would this have on your programs, staff, or community? Would it affect matching funds, program continuation, or scale? * (Limit up to 4,000 characters)

Program/Project Description

Briefly describe the program/project you are applying for. What broader impact does this program/project have on the community? * (Limit up to 4,000 characters)

Is this a new or existing program/project? * (Select one) New Existing

If you select 'New', has the program/project already started, or would this funding be the catalyst to begin the work? Please explain. * (Limit up to 4,000 characters)

If you select 'Existing', does the program/project have a fixed number of years, or is it ongoing? * (Select one) Fixed Ongoing

If you select 'Fixed', where are you in reaching your end goal and what are the long-term strategies for funding this program/project beyond the grant period? Please explain. * (Limit up to 4,000 characters)

What are the primary/end goals of this program/project? * (Limit up to 4,000 characters)

What is the evidence the program/project is needed, and why is this the appropriate time for you to undertake this work? Include relevant data, community feedback, or systemic gaps that justify the project. * (Limit up to 4,000 characters)

What activities do you have planned for July 1, 2025 to June 30, 2026, and which activities will this grant help you carry out? * (Limit up to 4,000 characters)

Will you be partnering or collaborating with other organizations on this program/project? If so, with whom and how? * (Limit up to 4,000 characters)



What are we looking for? We would like you to list the names of organizations, networks, coalitions, and alliances with whom you plan to partner and collaborate in a meaningful way – local, state, regional, and national – and briefly describe the nature of your partnerships and how it will push your program/project forward. Feel free to use bullet points when listing your partners.

Why do we ask? We understand that true systems change requires organized people power to shift power and cannot be achieved through the efforts of one organization alone.

How were/are the communities you plan to impact involved in the planning, leading, and decision-making of this particular program/project? * (Limit up to 4,000 characters)

Alignment

What type(s) of civic engagement does this program/project address? * (Select all that apply)

| | | | |
|---------------------------|---|-------------------------|--------------------------|
| Voting | Deliberative Democracy | Political Participation | Advocacy & Public Policy |
| Neighborhood Associations | Mutual Aid Networks | Social Capital/Cohesion | Community Organizing |
| Service | Parent & Family Advocacy in Community and Schools | Civic Learning | Leadership Development |



The following forms of civic engagement and community building activities are eligible for the Community Catalyst grants. Please note that funds may not be used to pay for a lobbyist. If you have other potential civic engagement opportunities that do not fall within the forms UWCWC has identified, please reach out to the Community Impact Team to ask us if you are eligible for this grant process.

Political and Governance Engagement

- **Voting** – Increasing voter participation through registration and electoral engagement.
- **Deliberative Democracy** – Convening public discussions for decision-making and consensus-building.
- **Political Participation** – Encouraging public involvement in governance (e.g., attending meetings, participatory budgeting).
- **Advocacy & Public Policy** – Raising awareness and influencing policy decisions.

Community-Based Engagement

- **Neighborhood Associations** – Participating in or forming local groups to address community issues.
- **Mutual Aid Networks** – Organizing direct support and resource-sharing among community members.
- **Social Capital/Cohesion** – Fostering interpersonal trust and informal community-building activities.
- **Community Organizing** – Mobilizing people for action through grassroots movements.
- **Service** – Supporting service projects and encouraging volunteerism.

Education and Leadership

- **Parent & Family Advocacy in Community and Schools** – Engaging in parent leadership groups, community messenger, and school board initiatives.
- **Civic Learning** – Educating youth on civic engagement through school-based programs and service learning.
- **Leadership Development** – Training individuals to take on leadership roles for the public good.

How does this program/project address the civic engagement tactic identified above? * (Limit up to 4,000 characters)

Does any portion of this work involve lobbying (views on specific legislation)? * (Select one) Yes No

If you select 'Yes', tell us the subject matter of the lobbying activities and list the lobbying activities to be undertaken during the grant term. * (Limit up to 4,000 characters)



What are we looking for? Although these funds may not be used to hire a lobbyist or for direct lobbying expenses, we recognize that your civic engagement work might include lobbying activities. You can still do these activities as part of your program/project, but our funds cannot be used for that purpose.

Lobbying Defined: In CT, **Lobbying** means communicating directly, or soliciting others to communicate, with any official in the legislative or executive branch of government or in a quasi-public agency, or with the staff of any such official, for the purpose of influencing any legislative action or administrative action. To learn more about Lobbying in Connecticut, please refer to the 'Practical Guidance: What Nonprofits Need to Know about Lobbying in Connecticut' found in the 'Resource Center'.

What geographic service area is being served in your program/project? * (Select all that apply)

| | | |
|-----------------|---------------------|-------------------------|
| Neighborhood(s) | Single Municipality | Multiple Municipalities |
| Regional | Statewide | Other |

Tell us more about the geographic service area you're working in. Provide specific examples of your work in these locations, including partnerships, outreach strategies, and other types of civic engagement activities taking place. * (Limit up to 4,000 characters)



Why do we ask? We recognize that civic engagement work looks different depending on the characteristics of the region and reach of the organization. Help us get a better understanding of the cities/towns/communities where this work will take place. Identify any specific locations.

Impact

What systems, policies, or structures does your organization aim to challenge or change through this work? What barriers or challenges (internal or external) do you anticipate, and how will you address them? * (Limit up to 4,000 characters)

How do you know your work is making a difference? What short-term outcomes do you track to measure progress? Provide examples of data, community feedback, policy changes, or shifts in participation and engagement. * (Limit up to 4,000 characters)

Form 4: Program/Project Attachments

Required

- **Program/Project Budget** – For multi-year programs/projects, provide a full project budget and specify how this one-year grant will be used. For single-year projects, submit a budget outlining key expenses and funding sources.

Optional

- **Letters of Support from Partnerships** – Please submit these materials in a single PDF/Word document. (If applicable)
- **Other Materials** – Please provide any additional materials that you feel will add to your application. Please submit these materials in a single PDF/Word document.