Impact Philanthropy

Basic Needs Grant Application FY 2025-2026

Your organization must complete this form. 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*(water, electricity, internet, cellphone, etc.)* | Child Care & Education *(enrichment activities, educational opportunities, summer camps, etc.)* |
| Food | Transportation*(auto repairs, DMV fees, insurance, etc.)* | Health Care*(physical, mental, holistic, and substance abuse services)* |
| Has your organization applied for our FY 26 Community Catalyst Grant process? \* *(Select one)* | Yes | No |

# Form 1: Basic Needs Application

**Questions with an \* are required.**

For ease of use, we have given the e-CImpact’s system’s maximum character limits for each field. 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

1. Organization Name \*
2. EIN \*
3. Executive Director & Contact Information \*
4. Executive Director Preferred Pronouns: \* *(Select one)*

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

4a. **If you select ‘Prefer to Self-Describe’**, what are your Executive Director’s preferred pronouns? \* *(Limit up to 150 characters)*

1. Organization Website \*
2. 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 also have the opportunity to attach the Annual Report to this application.*

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

8a. **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)*

1. 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.*

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

***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.*

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

 10a. **If you select ‘Other’**, please briefly describe. \* *(Limit up to 4,000 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.

1. Primary Contact for this Grant: \* *(Limit up to 100 characters)*
2. Primary Contact Title: \* *(Limit up to 150 characters)*
3. Primary Contact Preferred Pronouns: \* *(Select one)*

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

13a. **If you select ‘Prefer to Self-Describe’**, what are the pronouns that you prefer to go by? \* *(Limit up to 150 characters)*

1. Phone Number for Primary Contact: \* *(Numbers only)*
2. Email for Primary Contact: \*

## Funding Request

1. 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.*

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

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

17a. **If you select ‘GOS’**, describe how these funds will support the overall work of your organization. \* *(Limit up to 4,000 characters)*

17b. **If you select ‘Programmatic Support’,** describe the specific program this funding will support, including objectives and impact. \* *(Limit up to 4,000 characters)*

1. 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

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

***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.*

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

1. 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)*
2. 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.*

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

22a. **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)*

**(Application continues on next page)**

## Community

1. 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 |

23a. **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.’*

1. 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)*
2. 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

1. 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)*
2. 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.

1. 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.*

1. 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

29a. **If you select ‘Yes’**, please describe these changes and their impact on your organization. \* *(Limit up to 4,000 characters)*

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

30a. **If you select ‘Yes’**, what percentage of your overall operating budget comes from federal funding? \* *(Numbers only)*

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

31a. **If you select ‘Yes’**, please explain. \* *(Limit up to 4,000 characters)*

1. 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.