Impact Philanthropy

Community Catalyst 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 |
| 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

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

For ease of use, we have shown the e-CImpact 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.

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. 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.*

1. Website link to organization’s most recent Annual Report.

***What are we looking for?*** *If available online, please add the link here. You also could attach your 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.*

1. 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.*

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)*

## 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 150 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 |

11a. **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: \*

**(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/  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 | | | |

14a. **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.’*

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 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.

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

18a. **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

19a. **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

20a. **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 3: Program/Project Information *(Only one program/project can be applied for in this process)*

1. Program/Project Name: \* *(Limit up to 150 characters)*
2. 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. 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

1. 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)*
2. Is this a new or existing program/project? \* *(Select one)* New Existing

26a. **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)*

26a. **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)*

1. What are the primary/end goals of this program/project? \* *(Limit up to 4,000 characters)*
2. 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)*
3. 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)*
4. 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.*

1. 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

1. 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 |

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

*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.*

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

34a. **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’.*

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

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

1. 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

1. 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)*
2. 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)*

# 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.

# 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.