City of Danbury Social Services Grant

Qualification Form****

**ELIGIBILITY**

|  |
| --- |
| Is your organization a: \* *(Select one)* |
| 501(c)(3) Nonprofit | Another IRS Nonprofit Determination | A Community-Based Organization applying with a Fiscal Sponsor |
| Does your organization serve City of Danbury residents? \* *(Select one)* | Yes | No |
| Does your organization work in one or more of the following categories: Housing/Shelter, Education/Child Care, Health/Mental Health? \* *(Select one)* | Yes | No |

**City of Danbury**

**Social Services Grant Application**

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

**FORM 1: ORGANIZATION INFORMATION**

1. Organization Name: \*
2. EIN: \*
3. Primary Address: \*
4. Organization Phone: \*
5. Organization Fax:
6. Executive Director Name: \*
7. Executive Director Phone Number: \*
8. Executive Director Email Address: \*
9. Executive Director Preferred Pronouns: \* *(Select one)*

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

9a. If you select ‘Prefer to Self-Describe’, what are your Executive Director’s preferred pronouns? \* *(Limit up to 150 characters)*

1. Organization Website: \*
2. Organization Mission Statement: \*

***Primary Agency Contact for this Grant Information***

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: \*
2. Primary Contact Title: \*
3. Primary Contact Preferred Pronouns: \* *(Select one)*

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

14a. 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: \*
2. Primary Contact Extension, if applicable:
3. Email for Primary Contact: \*

***The organization is a \* (Select one)***

|  |  |  |
| --- | --- | --- |
| Nonprofit 501(c)(3) organization | Community-Based Organization (CBO) with a Fiscal Sponsor | A Fiscal Sponsor applying on behalf of a Community-Based Organization |

**Only one of the following CBO or Fiscal Sponsor Information sections needs to be completed based on who is applying for the grant. If you are a Nonprofit 501(c)(3) you can skip questions 19-26**

***Fiscal Sponsor Information (complete if you are the CBO applying with a Sponsor)***

Please complete the following information on the Fiscal Sponsor.

1. Fiscal Sponsor for this Grant: \*
2. Fiscal Sponsor EIN: \*
3. Fiscal Sponsor Address: \*
4. Fiscal Sponsor Primary Contact for this Grant: \*
5. Fiscal Sponsor Primary Contact Title: \*
6. Fiscal Sponsor Primary Contact Preferred Pronouns: \* *(Select one)*

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

23a. If you select ‘Prefer to Self-Describe’, what are the pronouns that you prefer to go by? \* *(Limit up to 150 characters)*

1. Fiscal Sponsor Primary Contact Phone Number: \*
2. Fiscal Sponsor Primary Contact Extension, if applicable:
3. Fiscal Sponsor Primary Contact Email: \*

***Community-Based Organization Information (complete if you are the Fiscal Sponsor applying for a CBO)***

Please complete the following information on the Community-Based Organization that your organization is Fiscally Sponsoring.

1. Community-Based Organization Name: \*
2. CBO Executive Director or equivalent: \*
3. CBO Primary Contact for this Grant: \*
4. CBO Primary Contact Title: \*
5. CBO Primary Contact Preferred Pronouns \* *(Select one)*

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

22a. If you select ‘Prefer to Self-Describe’, what are the pronouns that you prefer to go by? \* *(Limit up to 150 characters)*

1. CBO Primary Contact Phone Number: \*
2. CBO Primary Contact Extension, if applicable:
3. CBO Primary Contact Email: \*
4. CBO Website, if applicable:

***Agency Narratives***

1. Total organization operating budget for the current Fiscal Year: \* *(Numbers only)*
2. Is your organization currently undergoing, been notified of, or completed a Federal, State, or Regulatory Audit within the last three years? \* *(Select one)* Yes No

28a. If yes, please describe the situation and if completed, attach an Executive Summary of the findings in the attachments form. \* *(Limit up to 4,000 characters)*

1. Is there anything that you would like to share about your agency that you believe may affect this application? \* *(Limit up to 1,000 characters)*

***Diversity, Equity, and Inclusion***

1. Does the organization’s Executive Director identify as Black, Indigenous, or a Person of Color (BIPOC)? \* *(Select one)*

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer Not to Answer |

1. 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)*
2. 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, staff, and/or population served 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)*

**FORM 2: ORGANIZATION AND POPULATION SERVED DEMOGRAPHICS \***

Please provide a race/ethnicity and gender breakdown of organizational staff, leadership, Board of Directors and the Population Served.

This consistent, quantitative data is important to collect. It shows us how we are doing and allows us to make changes to do better. Is our grantmaking representative of our community? Are we funding organizations led by people of color? Are we funding organizations whose leadership reflects the people they serve? With this data, we can be accountable to our board, and to our community – including all of you – to keep advancing equity in and through the work of UWCWC and CoD.

Definitions: Below are the definitions for the categories in this section.

* Board Members: An elected participant on the board of directors of an organization.
* C-Suite/Executive Leadership: The most senior executive, or administrative officer(s) in charge of managing an organization and the other senior executives (e.g. COO, CFO, VPs, etc.) in charge of managing an organization.
* All Other Staff: A group of people other than the executive leadership, such as employees, who are charged with carrying out the work of an establishment or executing some undertaking.
* Population Served: The individuals, families, communities served by your organization. You may choose to report on one programs demographics or your entire organization.

*In the chart below, please list the number (not percentage) of individuals at each level of your organization and population by how they identify in terms of race/ethnicity and gender. If there are no individuals in a given category, enter a ‘0’. Individuals should be counted only once in each column.*

*We acknowledge that organizations may collect information on race/ethnicity and gender in different ways. We also acknowledge that organizations may collect this information using more detailed or broader categories than those listed. In some cases, you may not have the information or individuals prefer not to provide it. In these instances, please report counts on the categories for which you collect data – while all individuals should be accounted for in your reporting, not all race/ethnicity and gender options need to be used.*

*Alternatively, you also have the option to answer this form by submitting a document created for another funder or internally that answers this question. You can submit the document in ‘Form 3: Attachments’ under ‘Demographics.’ If you choose this method, please enter ‘’0’ in the form below.*

***Why Are We Asking?*** *We want to understand how your organization’s staff and leadership compare to the population you serve.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 should 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: AGENCY ATTACHMENTS**

All attachments are required unless otherwise stated. If applying through a fiscal agent or sponsor, please submit all required attachments for your SPONSOR, unless otherwise indicated.

***Required****:*

* Financial Documents: Please provide **ONE** of the following financial documents.
	+ Most Recent Audit; or
	+ Most Recent IRS Form 990
* Most Recent Organizational/Agency Budget

***Optional:***

* *(NEW Agencies Only)* Annual Certificate of Registration with CT Dept. of Consumer Protection
* *(As Needed)* Executive Summary from Federal, State, or Regulatory Audit: If you answered yes to the question of “Is your organization currently undergoing, been notified of, or completed a Federal, State, or Regulatory Audit within the last three years?”, please attach a copy of the Executive Summary from this audit.
* *(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.

**FORM 4: PROGRAM INFORMATION & NARRATIVES *(complete Forms 4 & 5 for every program that you are applying for)***

1. Name of Program \*
2. Select the Impact Area that best fits your Program focus: \* *(Select one)*

|  |  |  |
| --- | --- | --- |
| Financial Stability | Education/Child Care | Health/Mental Health |

1. Select the Impact Focus Area that best fits your Program focus: \* *(Select all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Education | Child Care | Education (Ages 0-18) | Food Insecurity |
| Healthcare | Housing/Shelter | Household Necessities (i.e. clothing, personal hygiene products, appliances, etc.) | Mental Health |
| Parenting Resources | Utilities | Other |

 35a. If you select ‘Other’, what Impact Focus Area(s) best fit your Program focus? \* *(Limit up to 150 characters)*

***Funding Request***

1. Funding Amount Requested: \* *(Numbers only)*
2. How many clients do you currently serve with this program? \* *(Numbers only)*
3. What type of funding request are you applying for? \* *(Select one)*  Operating Support Program Support
4. What percent of the program budget is City of Danbury funding? \*

***Program Narratives***

1. Briefly describe the issue you seek to address with this funding and why City of Danbury funding is needed to address this issue. \* *(Limit up to 4,000 characters)*
2. Describe the target population within Danbury you will be serving with this funding. Provide available data on the target population, citing sources. \* *(Limit up to 4,000 characters)*
3. Give a brief overview of the program for which you are requesting funds and how you include the community in the creation and evaluation of the program. \* *(Limit up to 4,000 characters)*
4. Describe how the services supported by this funding differ from other similar services provided in the community or explain the need for multiple agencies to provide similar services. \* *(Limit up to 4,000 characters)*
5. Describe the practices you use to ensure the effectiveness of your program. Provide data that shows what you do makes a difference in the lives of your clients, citing sources. What are your goals for the program this year? \* *(Limit up to 4,000 characters)*
6. What do you need to deepen the work or reach more individuals with your program? What couldn’t your program do this year because you didn’t have the funding needed? \* *(Limit up to 4,000 characters)*
7. Please indicate the percent of your program clients whose income is at or below 150% of the poverty level: \*

***Success Story***



The client story should illustrate your program’s effect on a SINGLE CLIENT/FAMILY. Include information in the stories such as:

* Why they came to the program.
* What the program provided to the individual/family.
* What was the impact on the individual/family?
1. Client Story 1: \* *(Limit up to 4,000 characters)*

***Applicant Feedback (Optional Section)***

1. Please estimate the total number of hours you and your staff spent on the grant application creation process. *(Numbers only)*
2. 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 5: PROGRAM ATTACHMENTS**

***Required:***

* 2024-2025 Program Budget: Please provide a simplified program budget showing how you’ll spend the awarded money, and how that fits into your current budget (i.e. is this new, or an expansion of an existing program?)
* Outcome Measures: Please list up to 3 quantifiable outcome measures and results for the services for which you seek funding, using the following format or similar:

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Measure** | **Results for FY 2023-2024** | **Goals for FY 2024-2025** | **Describe the Outcome Measure, if necessary.** |
| 1. Number of children served in the program. | 100 | 110 |  |
| 2. Number of mentoring hours | 1000 | 1500 | We hope to increase the number of mentoring hours offered to our students with the help of this funding.  |
| 3. Percent of students who realize the importance of staying in school. | 88% | 90% |  |

\*Please note: An example of the information we are looking for in the Outcome Measures attachment is shown in Red.

* Other Materials: Feel free to upload additional materials related to the program you are applying for here