

# City of Danbury

## Social Service Grant Program

### 2024-2025 Notice of Funds Availability



Date Released: **September 3<sup>rd</sup>, 2024**

Application Due Date: **October 4<sup>th</sup>, 2024**

## PURPOSE:

The City of Danbury and United Way of Coastal and Western Connecticut (UWCWC) invite social service agencies that serve residents of Danbury to apply for funding through the City of Danbury (CoD) Social Service Grant Program. Community services focused on **Housing/Shelter, Education/Child Care, and Health/Food** are the targets for this funding. Funding is allocated through a one-year process, with the grant covering the fiscal year of July 1, 2024 to June 30, 2025.

## GRANT AWARD AND ASK AMOUNTS:

### Grant Type

Organizations can choose to apply for general operating support or programmatic support. Organizations applying will have the opportunity to select the type of funding they are applying for.

### Number of Applications

Applicants may submit only one application per organization. A minimum of one program can be supported to by this funding, up to a maximum of three programs.

### Total Funding Available

The City of Danbury has a total of \$204,000 available for distribution through this grant process.

### Grant Size

The grant award amounts for the 2024-2025 CoD Grant process will range from a minimum of \$5,000 to a maximum of \$20,000. Funding is not guaranteed for agencies that were funded in previous years.

## ELIGIBILITY:

The following requirements must be met in order for an application to receive funding through the City's Social Services 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 serve City of Danbury residents.
3. Funding shall be used for the following categories:
  - a. **Housing/Shelter** – Safe and affordable housing access and retention. Including shelter, rent/mortgage assistance, utility assistance, security deposit assistance, etc.
  - b. **Education/Child Care** – Helping children, youth, and their families achieve their potential. Including child care services, after-school activities, etc.
  - c. **Health/Food**– Promoting health and wellness. Including healthcare programs, food pantries, mass feeding providers, mental health programs, etc.

## Eligible Use of Funds

- 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)
- Purchase of items to resell

## TIMELINE:

Grant Process	Date/Time
NOFA - Released	September 3 <sup>rd</sup> , 2024, 8:00 AM
Deadline to Submit Application	October 4 <sup>th</sup> , 2024, 11:59 PM
Application Review Period	October 7 <sup>th</sup> , 2024, to November 11 <sup>th</sup> , 2024
30-Minute Presentation Period – <i>Organizations required to complete a presentation will be notified by United Way Community Impact staff.</i>	October 21 <sup>st</sup> , 2024, to October 28 <sup>th</sup> , 2024
Recommendations Sent to City for Vote	Week of November 11 <sup>th</sup> , 2024
Expected Award Notification	November 2024

## HOW TO APPLY:

1. Review the Notice of Funding Availability (NOFA), application and required attachments.
2. Attend a Live Zoom Information Session (*Applicant 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. The registration link for the Information Session is:  
<https://us06web.zoom.us/meeting/register/tZMvfuCtrT4iGNFpwJQARthrnADKqapZtiiE>
3. Create/Sign into your e-CImpact account
  - a. The UWCWC uses the [e-CImpact Grant Management system](#) for organizations to submit grant applications and reports.
  - b. All applicants must register online & 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. Application Submission Options:
  - a. Complete the application through the e-CImpact Grants Management Software (preferred method)
  - b. Complete the Word version of the application and submit to:  
[communityimpact@unitedwaycwc.org](mailto:communityimpact@unitedwaycwc.org). A member of the UWCWC Community Impact team will upload your application to the e-CImpact system.

- c. **Application deadline: October 4<sup>th</sup>, 2024 at 11:59 pm.**

## HAVE QUESTIONS? CONNECT WITH US!

The Community Impact Team is responsible for implementing the City of Danbury Social Service Grant Process and is an important resource for organizations interested in applying.

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

- *City of Danbury Social Service Grant Live Information Sessions:*
  1. 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 October 4<sup>th</sup>, 2024.
  - Zoom link to join Friday Q & A Sessions: <https://us06web.zoom.us/j/83001231550>
- *One-on-One Support:* Contact Victoria by email or phone. Please leave a voicemail if we don't answer. We are committed to getting back to you within 48 hours.

Title	Staff Person	Pronouns	Phone Number	Email
Community Impact Senior Coordinator	Victoria Scofield	She/Her/Hers	203-883-6704	<a href="mailto:Victoria.scofield@unitedwaycwc.org">Victoria.scofield@unitedwaycwc.org</a>

## FREQUENTLY ASKED QUESTIONS:

### *Reporting Requirements:*

#### **1. What will the reporting requirements be for this grant if awarded funding?**

There will be two reports due for this grant process: a mid-year site visit and a year-end written report.

- I. **Mid-Year Site Visits** – Completed during the months of March and April 2025
  - i. A 30- to 45-minute site visit in person with UWCWC staff and City of Danbury staff to see your work in action.
  - ii. For those agencies that have programs that might be difficult to visit due to confidentiality or safety reasons, an overall agency tour and/or conversation to hear about your progress to date are accepted in place of the site visit.
- II. **Year-End Report** – Due July 15, 2025
  - i. Partners will be expected to provide information and updates on the following components:
    1. Program/organization results (people and communities served; comments on successes, challenges, and learning experienced.)
    2. Comments on capacity built, if any
    3. Reflection on the past year
    4. At least one success story from a participant
    5. Demographic information on participants served, including age, gender, race/ethnicity, income level, etc.
    6. Other information as requested by the City of Danbury

## ***Fiscal Sponsors:***

If you are a community-based organization and do not meet all of the eligibility requirements for the City of Danbury Social Service Grant process, you must have a fiscal sponsor.

### ***1. Who can be a Fiscal Sponsor?***

Any organization or business that meets the eligibility requirements for a UWCWC grant. UWCWC cannot be the fiscal sponsor for organizations applying for a UWCWC grant. An organization does not need a fiscal sponsor if they already have 501(c)(3) nonprofit status.

### ***2. What does a Fiscal Sponsor do?***

The fiscal sponsor is a third-party organization that handles various financial and administrative duties on behalf of another organization or collaborative. The fiscal sponsor assumes financial and legal responsibility of the funds/project, receiving and distributing funds to the project team. Using a fiscal sponsorship arrangement offers a way for a cause to attract donors even when it is not yet recognized as tax-exempt under Internal Revenue Code Section 501(c)(3). In essence, the fiscal sponsor serves as the administrative “home” of the cause.

The exact division of tasks between the grantee and fiscal sponsor should be agreed upon after reviewing the grant agreement template and acknowledging a mutual understanding of each other’s responsibilities.

### ***3. Are there any additional documents required when applying under or as a Fiscal Sponsor?***

Organizations choosing to work with a fiscal sponsor will be required to submit a copy of their signed fiscal sponsorship agreement.

**City of Danbury Social Service Grant Application starts on the next page.**

# City of Danbury Social Services Grant Qualification Form



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.

## ELIGIBILITY

Is your organization a: * <i>(Select one)</i>			
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? * <i>(Select one)</i>		Yes	No
Does your organization work in one or more of the following categories: Housing/Shelter, Education/Child Care, Health/Food? * <i>(Select one)</i>		Yes	No

## City of Danbury Social Services Grant Application



All questions in red will autofill based off information provided in the agency or program profile and/or other applications/reports in e-CImpact. If fields are missing or cannot be edited in the application, please update your agency and/or program profiles. Please reach out to Victoria Scofield 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.*

## FORM 1: ORGANIZATION INFORMATION

Organization Name \*

EIN \*

Primary Address \* *(select from dropdown or add a new address– will autofill, update as needed)*

Organization Phone \* *(Numbers only)*

Organization Fax *(Numbers only)*

Executive Director & Contact Information \* *(select from dropdown or add a new contact - update as needed)*

Executive Director Preferred Pronouns: \* *(Select 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 are your Executive Director's preferred pronouns? \* (Limit up to 150 characters)

Organization Website \*

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

The organization is a: \* (Select one)

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

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
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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)

Primary Contact Extension, if applicable (Numbers only)

Email for Primary Contact: \*

## Fiscal Sponsor Information (only shows if CBO is applying)



Please complete the following information on the Fiscal Sponsor.

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

Fiscal Sponsor EIN: \*

Fiscal Sponsor Address: \* (Limit up to 150 characters)

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

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

Fiscal Sponsor Primary Contact Preferred Pronouns: \* (Select 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 are the pronouns that you prefer to go by? \* (Limit up to 150 characters)

Fiscal Sponsor Primary Contact Phone Number: \* (Numbers only)

Fiscal Sponsor Primary Contact Extension, if applicable: (Numbers only)

Fiscal Sponsor Primary Contact Email: \*

### Community-Based Organization Information (only shows if Fiscal Sponsor is applying)



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

Community-Based Organization Name: \* (Limit up to 150 characters)

CBO Executive Director (or equivalent) Name: \* (Limit up to 150 characters)

CBO Primary Contact for this Grant: \* (Limit up to 150 characters)

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

CBO Primary Contact Preferred Pronouns \* (Select 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 are the pronouns that you prefer to go by? \* (Limit up to 150 characters)

CBO Primary Contact Phone Number: \* (Numbers only)

CBO Primary Contact Extension, if applicable: (Numbers only)

CBO Primary Contact Email: \*

CBO Website, if applicable: (URL only)

### Organization Narratives

Total organization operating budget for the current Fiscal Year: \* (Numbers only)

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

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)

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



Examples could include, but are not limited to, loss of or new executive director or CEO, loss of or newly acquired major funding source, a merger, etc. Explain how these have or may impact your organization and/or clients.

## Diversity, Equity, and Inclusion



We acknowledge that there are systems of power that grant privilege and access unequally such that inequity and injustice result. Therefore, the UWCWC and the CoD are committed to the support and advancement of equity in the communities we serve, and this extends to the organizations we fund.

The UWCWC and the CoD defines equity as offering varying levels of support depending upon the need to achieve greater fairness of outcomes. We deeply value and respect diverse cultures and multiple perspectives to drive our goal. We strive to have every aspect of our organization, especially our staff, and board, represent the diversity of our communities and those we serve while being inclusive in our practices. Therefore, we will review how your organization advances racial equity through its initiatives and leadership.



**Why are we doing this?** *In short, three things:*

1. *To better understand the diversity of our partners.*
2. *With the aggregate data from all grant applications, it's also part of how United Way will evaluate ourselves as a grantmaker at the end of the year.*
3. *To equitably and efficiently direct resources in pursuit of our mission.*

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

Yes	No	Prefer Not to Answer
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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, 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.*

<b>Demographic</b>	<b>Number of Organization Staff Identifying As</b>	<b>Number of Organization Leadership Identifying As</b>	<b>Number of Organization Board of Director's Identifying As</b>	<b>Number of Individuals Served by Organization Identifying As</b>
<b>Total</b> <i>(Complete this row first, as all other Total rows must match this one in e-CImpact.)</i>				
<b>Race/Ethnicity</b>				
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				
<b>Total</b>				
<b>Gender</b>				
Female				
Male				
Non-Binary				
Agender				
Gender Fluid				
Gender Queer				
Prefer to Self-Describe				
Prefer not to answer				
<b>Total</b>				

## FORM 3: ORGANIZATION ATTACHMENTS



All attachments are required unless otherwise stated. If applying through a fiscal 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 or 990EZ
- Most Recent Organizational/Agency Budget

### Optional:

- (NEW Organizations 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

### Name of Program \*

Select the Impact Area that best fits your Program focus: \* *(Select one)*

Financial Stability	Education/Child Care	Health/Food
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Select the Impact Focus Area that best fits your Program focus: \* *(Select one)*

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	

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

### Funding Request

Funding Amount Requested: \* *(Numbers only)*

How many clients do you currently serve with this program? \* *(Numbers only)*

What type of funding request are you applying for? \* *(Select one)* Operating Support      Program Support

What percent of the program budget is City of Danbury funding? \* *(Number & decimal only)*

## Program Narratives

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)

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)

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)

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)

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)

\* (Limit up to 4,000 characters)

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)

Please indicate the percent of your program clients whose income is at or below 150% of the poverty level: \* (Numbers only)

## Success Story



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

- Why they came to the program.
- What the program provided to the individual/family.
- What was the impact on the individual/family?

Client Story: \* (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 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.
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1. Number of children served in the program.	100 children	110 children	
2. Number of mentoring hours	1,000 hours	1,500 hours	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